

Interventional Pain Care, LLC

Privacy Rule

Request to Amend Health Care Records

I wish to request that Interventional Pain Care, LLC (IPC) correct or complete my medical and/or health care information in its records as follows:

A. Describe what information is incomplete or incorrect and what you believe should be changed. State what information you believe should be added and/or deleted:

B. Describe the reason that supports your request. Attach copies of documents that support your request, if applicable:_____

IPC may deny your request for an amendment if it is not in writing or it does not include a reason to support the request. In addition, IPC may deny your request to amend information that 1) was not created by IPC; 2) is not part of the record maintained by IPC.

Printed name

Signature

Address

Date

Please give this form to a member of the IPC staff or send it to the following address:

Interventional Pain Care, LLC

Request to Amend Records

PO Box 1736

Muncie, IN 47308-1736