CHRISTIAN COUNSELING CENTERS OF UTAH

Amendment Request Form

I request that Christian Counseling Centers of Utah change/amend my medical record because: (*Explain what is to be changed/amended and why.*)

_____

_____

_____

_____

For my medical record to be more complete/accurate, it should say:

_____

_____

_____

_____

Client name: _____ Date of birth: _____

Mailing address: _____

Signature (client or legally authorized individual): _____

Relationship to client, if not signed by client: _____

We will review your request and respond within 60 days of receipt of this request.

Date received by Privacy & Security Officer _____ Signature _____

Rev 4/2014