

If my request is accepted and the amendment is made, a copy of the amended information will be sent to anyone who has previously received this information. I would also like the following organization(s) or person(s) to receive this amendment:

1. Name: _____

Address: _____

2. Name: _____

Address: _____

3. Name: _____

Address: _____

Signature of patient or patient's Legal Representative

Date

(If you signed as the patient's Legal Representative, please print your name:
_____)

I understand that I will receive a written response to my request from General Physician, P.C.

I understand that my request may not be granted if General Physician, P.C. determines that my health information or medical record that is the subject of this request:

- was not created by General Physician, P.C.;
- is not part of my medical or billing record;
- would not be available for me for inspection under applicable law dealing with access to protected health information; or
- is accurate and complete.

Please mail this completed and signed form to:

*Privacy Officer
General Physician, P.C.
726 Exchange Street, Suite 710
Buffalo, NY 14210*

Contact us at (716) 852-4772 with questions.