



Request to Amend or Correct Health Information in Medical Record Held by Gunnison Valley Health

Facility Name: _____

Patient Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone Number: _____

Patient Date of Birth: _____

Person Making Request (if not patient): _____

Relationship to Patient (if not patient): _____

Date of this Request: _____ Date of Visit: _____

Please describe the specific amendment or correction you are requesting below, including the reason for the request and what the corrected information should be. Alternatively, you may print the record and clearly identify the portion(s) you believe are inaccurate or incomplete, and provide the requested correction. Please be as specific as possible to allow for appropriate review.

NOTE: *The original medical record is not altered. If your request is approved, your amendment will be added to the record in accordance with applicable regulations.*

Describe why this amendment or correction that you are requesting is necessary:





Identify any other persons or entities you believe have received this health information and who will need to be notified of the amendment/correction that you are requesting:

Information about your amendment and correction rights under HIPAA:

This form must be filled out in full before GVH will process a request for an amendment or correction to your health information. We will act on your request within **60 days**, and we will inform you in writing via certified mail at the address you provided on this form as to whether the amendment will be made or if the request is denied.

We may deny your request if you ask us to amend information that:

1. Is determined by us to be accurate and complete as is;
2. Did not originate at this facility;
3. Is not part of the set of records for making decisions about the patient;
4. Is not available for inspection for some other reason.

If we deny your requested amendment:

1. You may request that the proposed amendment be included in all future disclosures;
2. You may file a written statement of disagreement;
3. You may file a complaint to GVH via the grievance hotline, or to the Department of Health and Human Services

By submitting this form, I hereby request that Gunnison Valley Health amend or correct my health information as described above.

Patient or Representative Name: _____

Signature: _____ Date: _____

Please MAIL or FAX this form to:

Gunnison Valley Health Privacy Officer
711 North Taylor Street
Gunnison, CO 81230
Phone 970-641-7265
Fax 970-641-7273

Name of GVH employee receiving form: _____

Date form received: _____

Updated 3/2026

