

# **SHEPHERD'S STAFF CHRISTIAN COUNSELING CENTER**

## **Amendment Request Form**

I request that Shepherd's Staff Christian Counseling Center, Inc. change/amend my medical record because:

*(Explain what is to be changed/amended and why.)*

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

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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 Officer \_\_\_\_\_ Signature \_\_\_\_\_