



Request for Amendment of Protected Health Information

Last Name	First Name	MI	Medical Record Number
Street Address			Date of Birth
City	State	Zip	Contact Number

I request for GoHealth Urgent Care (“GHUC”) to amend my:

- Medical Records
- Billing Records
- Other Records used by GHUC to make decisions about me
- All of the above

Describe the information you want amended (e.g. notes in your medical record, billing statements):

Provide date(s) of information to be amended (e.g. date of visit or billing statement)

What is your reason for making this request?

How is the record/information incorrect or incomplete?

What should the entry say to be more accurate or complete? Please be very specific.

Do you know of anyone who may have received or relied on the information in question (such as your doctor, pharmacist, health plan, or other healthcare provider)? If so, provide names of those individuals and organizations:

I understand that GHUC may deny this request, as permitted under Federal law, and that I will be informed by GHUC concerning the basis for the denial along with instructions concerning my right to submit a statement disagreeing with such denial. I further understand that GHUC will notify me of its decision to accept or deny my request within 60 days of receiving this request. If GHUC is unable to comply with my request within this timeframe, I understand that GHUC may extend the applicable deadline for up to an additional 30 days by notifying me in writing.

Signature of patient or legal representative

Date

After you have completed this form, please return it:

Via e-mail: compliance@gohealthuc.com

(Note: Sending information via email is not encrypted and never 100% secure)

Via mail: Compliance Department, GoHealth Urgent Care
5555 Glenridge Connector, Ste. 700
Atlanta, GA 30342