

RETINA INSTITUTE OF CALIFORNIA  
AND ITS AFFILIATED COVERED ENTITIES  
REQUEST FOR AMENDMENT TO PATIENT INFORMATION

I hereby request amendment of the health care information maintained on the following patient:

PATIENT NAME:

BIRTH DATE: \_\_\_\_\_ SSN: \_\_\_\_\_

ADDRESS:

TELEPHONE:

PLEASE DESCRIBE HEALTH INFORMATION THAT YOU WOULD LIKE TO HAVE  
CHANGED OR AMENDED.

PLEASE EXPLAIN WHY THIS CHANGE OR AMENDMENT IS NEEDED.

PLEASE EXPLAIN WHAT YOU WOULD LIKE TO CHANGE OR ADD TO THE RECORD  
TO MAKE IT MORE ACCURATE OR COMPLETE.

If you are not the patient, please fill out the following information:

Name:

Relationship to Patient:

Address (if different from above):

Telephone (if different from above):

Please furnish a copy of any conservator/guardianship papers with this request.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

All requests for amendment must be submitted in writing to:

Mike Runquist, Privacy Officer  
Retina Institute of California  
200 E. Del Mar Blvd, Suite 118  
Pasadena, Ca 91105