



**UCLA DENTAL CLINICS  
REQUEST TO AMEND OR ADD ADDENDUM TO PROTECTED HEALTH  
INFORMATION**

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

By signing this form, you are requesting to amend or add an addendum to the protected health information of the patient named above. Please indicate what protected health information you want to amend and/or to attach an addendum and include reasons to support your request (required):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please note that the UCLA Dental Clinics may deny your request for any of the following reasons:

1. If we cannot determine from your request the information that you are asking to be changed or corrected or if your request does not include a reason to support the change or addition.
2. The UCLA Dental Clinics did not create the information.
3. The information is not part of the Health Information kept by or for the UCLA Dental Clinics.
4. The information, as currently recorded, is accurate and complete.
5. You do not have the legal right to request an amendment or to add an addendum to the protected health information.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date

OR

\_\_\_\_\_  
Patient's Representative Signature

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Patient's Representative Name

\_\_\_\_\_  
Date

We will respond to your request within 60 days of receipt. Please provide the following contact information for our response:

Address \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_



When you have completed this form, please return it to:

Dr. Sean Mong  
General Clinic Director  
UCLA School of Dentistry  
Box 951668  
10-136 Center for the Health Sciences  
Los Angeles, CA 90095-1668