

**PROGRESSIVE MEDICAL, INC.  
REQUEST TO AMEND PROTECTED HEALTH INFORMATION**

This form is to be used by patients who wish to request that information kept in the records of Progressive Medical, Inc. be amended. Your request will be reviewed by our Compliance Officer and other staff members as appropriate. If the Compliance Officer determines that the amendment you have requested should be made, the records will be updated as required by federal regulations. If the Compliance Officer determines that the information in our records is complete and accurate, your request will be denied. A written notice of the decision will be sent to you as required by federal regulations. You will have an opportunity to send us a written statement explaining your disagreement with this decision. That statement will be included in your records, along with any response that we believe is necessary to help future users of the information understand that information. You will be given a copy of any response that we include in the record.

**Information to Be Amended**

Please identify the information you believe needs to be amended in the spaces provided below. Identify the source of the information (for example, your medical records or billing records), the specific information that you believe to be incorrect, and the reason you believe the information to be incorrect. If no reason is given, your request will be denied.

**Please describe the information you would like to change, and the specific change you are requesting:**

**Date Source:**

**Response:** *(PMI USE ONLY)*

**Please describe the information you would like to change, and the specific change you are requesting:**

**Date Source:**

**Response:** *(PMI USE ONLY)*

**SUBMIT THIS FORM TO ADDRESS BELOW, OR FAX TO 614-212-8008**

Progressive Medical, Inc. Attn: Medical Records  
250 Progressive Way  
Westerville, OH 43082  
Fax: (614) 212-8008