

REQUEST FOR CORRECTION/AMENDMENT OF PROTECTED HEALTH INFORMATION

This form needs to be completed and signed, where appropriate, for the Kenton County Airport Board (“Board”) to process the request. If you want to receive information for more than one Individual, please submit a separate, completed form for each Individual.

1. Individual Information

Last Name		First Name		Middle Initial
I.D. Number (If Applicable)	Social Security Number	Birth Date (MM/DD/YYYY)		
Street Address			City, State and Zip Code	
Daytime Telephone Number (include area code)				

2. Information to be Corrected

Date of Information to be Corrected/Amended
Information to be Corrected/Amended <hr/> <hr/> <hr/> <hr/> <hr/>
Please explain how this information is incorrect or incomplete. What should the information say to be more accurate or complete? (Use additional sheets if needed and attach to this form) <hr/> <hr/> <hr/> <hr/> <hr/>

3. Notice of Correction or Amendment

If you agree, the Board will make reasonable efforts to provide the amendment to other persons who the Board knows received the information in the past and who may have relief, or are likely to rely, on such information in a manner that may be detrimental to your health care.

I agree to allow the Board to release any amended information to individuals or entities as described above.

Additionally, please indicate and list all specific entities or individuals that have received this information in the past?

Yes No

If yes, please specify the name and address of the entity(s) or individual(s).

4. Signature

Signature of Individual or Representative		Date
Printed Name of Individual or Representative		
Individual or Representative's Street Address		City, State and Zip Code

If this request is signed by the Individual's Representative, you must furnish a copy of the health care power of attorney or other relevant document legally authorizing the Representative to act on behalf of the Individual, as applicable.

Return this completed form to:

**Kenton County Airport Board
 Scott Gibbons
 Vice President Business Administration
 P.O. Box 752000
 Cincinnati, Ohio 45275-2000
 Facsimile: 859-767-7813**

Please allow 30 days for our response.