WPCS WESTERN PSYCHOLOGICAL & COUNSELING SERVICES, P.C.

Request to Amend a Record

Client Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ ☐ Cell ☐ Work ☐ Home Message Okay? ☐ Yes ☐ No

Please tell us what information in the record that you believe is inaccurate or incomplete. Please be as specific as possible. What should the record say to be more complete or accurate?

Date(s) of entry to amend: _____

_____

_____

_____

_____

_____

_____

Signature of Client or Parent/Guardian: _____ Date: _____

If Parent/Guardian, print name: _____

☐ Parent ☐ Guardian ☐ Other _____

You can file this Request one of three ways:

1. Give the completed form to your therapist or the front desk at the clinic where you receive services
2. Mail the completed form to WPCS C/O Joe Hromco PO Box 82819 Portland, OR 97282
3. Call Joe Hromco, Vice President of Operations at 503.828.8718

For Office Use

Received: _____ Decision date: _____

☐ Accepted

☐ Denied ___ PHI was not created by this organization ___ PHI is accurate and complete

____ Other reason: _____

Comments: _____

_____

_____

_____