



**California Addendum**  
**Request to Amend the Designated Record Set**  
Health Insurance Portability and Accountability Act of 1996  
45 CFR 160 §164.526

**Hill Physicians Member Name:** \_\_\_\_\_

**Hill Physicians MR Number:** \_\_\_\_\_

I request that Hill Physicians Medical Group, Inc. (“Hill Physicians”), and any and all business associates who are currently in possession of or will be in possession of all or a portion of the Hill Physicians designated record set (DRS), amend the DRS to include the following comment(s) (not to exceed 250 words):

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

Date that original record was created: \_\_\_\_\_



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**Hill Physicians Member Name:** \_\_\_\_\_

Reason for addendum: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that Hill Physicians may deny my request for any of the following reasons within 30 days of receipt of this request:

- 1. Hill Physicians did not create the PHI or record.
- 2. The PHI or record is not part of Hill Physicians' Designated Record Set.
- 3. The PHI is not available for access pursuant to the requirements of HIPAA.
- 4. The PHI or record is accurate and complete.

I understand that Hill Physicians will provide notice of its denial, if any, and a detailed explanation of the basis for the denial of my Request to Amend the Designated Records Set.

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Print your name



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**Hill Physicians Member Name:** \_\_\_\_\_

I am the authorized representative of \_\_\_\_\_. I am submitting this addendum request for and on behalf of the above Hill Physicians member for the following reason(s):

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

Dated: \_\_\_\_\_

By: \_\_\_\_\_

Signature

\_\_\_\_\_  
Print your name

\_\_\_\_\_  
Your Title