



COLORADO COLLEGE  
1 8 7 4

**NOTICE OF AMENDMENT TO  
HEALTH INFORMATION**

Patient's Name \_\_\_\_\_ Telephone # \_\_\_\_\_  
(please print clearly)

CC ID# \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date of request \_\_\_\_\_

The following amendment was made to this patient's medical records in accordance with the patient's request, dated \_\_\_\_\_.

**The following entities have been notified of this amendment:**

- Those per the request from the patient:
  
  
  
  
  
  
  
  
  
  
- Those known to Boettcher Health Center that may have relied, or could foreseeably rely on such information to the detriment of the patient:

\_\_\_\_\_  
Judith U. Reynolds, M.D., Medical Director

\_\_\_\_\_  
Date

**A copy of this form is to be provided to the patient once the amendment has been made.**

10/03