



Request for Amendment of Health Information

Collection Agency Name _____

Individual Name _____

Date of Birth _____

Address _____

City/State/Zip _____

Telephone _____ Fax Number _____
(include area code) (include area code)

I understand that Abbott will notify me in writing of my request no later than sixty (60) days from the date of receipt of my request. If Abbott approves my request, I understand that Abbott will supplement my record within the timeframe stated above, unless Abbott requests a thirty (30) day extension.

1. Describe the information you want amended (e.g. nursing notes) _____
2. Date(s) of information to be amended (e.g. date of visit or call) _____
3. What is your reason for making this request? _____
4. How would you like to change the record? _____
5. Do you know of anyone who may have received or relied on the information in question (such as your doctor, pharmacist or other health care provider)? yes no
If yes, please specify the name(s) and addresses(s) of the organization or individual

I understand that Abbott may or may not supplement the medical record with an addendum based on my request. I also understand that Abbott is not able to alter the original documentation of the medical record. If the requested addendum is made part of my permanent medical record, Abbott will make reasonable efforts to inform and provide the addendum within a reasonable time to individuals/organizations identified above as having relied on the content of my medical record, as well as to Abbott's business associates who have relied on the information.

Name of Individual or
Personal Representative (PLEASE PRINT) _____

Signature of Individual or
Personal Representative: _____ Date: _____
(If Personal Representative, include a description of authority to act for individual)

Please submit this form directly to: Privacy Officer: E-mail: ARDx_PrivacyOfficer@Alere.com Toll-free: 866-943-6964 Fax: 913-234-4539 Abbott 3200 Windy Hill Rd, Suite 350 E, Atlanta, GA 30339. If you have any questions, please contact the Privacy Officer via email at: ARDx_PrivacyOfficer@Alere.com

Please check appropriate Company below:

Alere Toxicology Alere Home Monitoring Redwood Toxicology