



CUMBERLAND
COUNTY
NORTH CAROLINA

DEPARTMENT OF PUBLIC HEALTH

In compliance with HIPAA (Health Insurance Portability Accountability Act of 1996) and the Cumberland County Department of Public Health Notice of Privacy Practice Section 2 (Your Rights), you have a right to amend your protected health information. In order for us to comply with your request, we ask that you complete this form. Due to the nature of the request and time requirements, an appointment is necessary.

Process for Amendment:

- 1. Complete the form below.**
- 2. Mail or Fax to:** Cumberland County Department of Public Health
Attn: Medical/Vital Records Support Division
1235 Ramsey Street Fayetteville, North Carolina 28301
Fax: (910) 433-3895
- 3. An agency representative will contact you to set up an appointment to review and amend your record.**

If you have questions, please contact us at (910) 433-3857.

REQUEST TO AMEND RECORD	
Appointment for: Name: _____	Date of Birth: _____
Telephone Number: (____) _____ or (____) _____	
If you cannot be reached by telephone, may we contact you through mail? Yes ____ No ____	
Address: _____	
Briefly state the reason for amend: 	
For my medical records to be more complete and accurate, it should say: 	
AGENCY USE ONLY	
Date Received: _____	Agency Staff: _____