

Reason the information is believed to be inaccurate or incomplete:

Please describe how you would suggest this inaccuracy or incompleteness should be restated:

Signature of Requesting Individual: _____

Date: _____

If request is made by another legally authorized person, please state relationship/legal authority enabling you to act on behalf of the subject individual:

Relationship: _____

Signature: _____

Date: _____

I understand that I will receive a response from Prairie Clinic SC regarding this request within 30 days if the request is made under state law and within 60 days without an extension if the request is made under the federal privacy law.