

**Instructions for Completing BCM
Request for Amendment to Health Information Form**

1. Print legibly in all fields using dark permanent ink. Provide as much information as possible to assist BCM in reviewing your request.
2. Sign and date the request.
3. Submit the completed and signed form to the BCM Release of Information at the address listed on the form.
4. You will receive a photocopy of your completed form, as an acknowledgment of receipt of your request, no later than 10 business days after BCM receives your request.
5. You will be notified of the acceptance or denial of your request within sixty (60) days from receipt of your request by BCM.