



Walgreens Privacy Office, 108 Wilmot Road, MS 3213, Deerfield, Illinois 60015  
Phone: (847) 236-6518 Fax: (847) 236-0862

**REQUEST TO AMEND/CORRECT PROTECTED HEALTH INFORMATION**

**Request**

You can update basic patient information, such as address, health condition, or allergies by logging onto your [www.walgreens.com](http://www.walgreens.com) account or by communicating the new information to pharmacy employees in our stores. All other requests for amendment or correction should be made by submitting this form to the address indicated above.

**Information:**

Patient Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
  
Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Describe, in detail, information to be amended or corrected:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Describe, in detail, the reason for the above amendment or correction:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature**

I understand that if the protected health information was not created by Walgreens, Walgreens is not required to honor my request. For example, if the information I wish to amend is in a medical report created by my physician, I must ask the physician – not Walgreens – to amend the report. I also understand that if the information is not available for my inspection, is not part of Walgreens’ designated record set or is already accurate and complete, I cannot amend the information.

I understand that Walgreens will respond to my request within 60 days.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If signed by the patient’s personal representative, explain authority to act on behalf of the patient:**

Note: If you are signing this form as the legal representative of the individual listed above, and are other than the parent of the minor child whose information is listed above, you must also submit documentation that establishes yourself as the legal representative. For example, a copy of a Power of Attorney that includes provisions to obtain medical information, etc.

\_\_\_\_\_  
\_\_\_\_\_

**Mail this completed and signed form to: Walgreens Privacy Office, 108 Wilmot Road, MS 3213, Deerfield, Illinois 60015;  
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