



Request for Amendment
Effective date of this notice: 05/01/2024

Individual Name:

Individual Address

Date of Birth:

SSN or ID No:

Specimen Identification No:

Please consider this a request for the exercise of my rights under applicable federal and state laws to amend/correct my inaccurate Personal Information (PI). I understand that my request will be reviewed and that in some circumstances I may not have the right to amend all information. I understand that my request will be acted upon as quickly as possible but no later than the timeframes allowed by the laws of my state. I further understand that I will be contacted when my records are available for inspection.

Please complete the sections below.

Date of Information you seek to be amended (mm/dd/yyyy)

Describe the information you want amended

Explain how the entry is incorrect or incomplete.

What should the entry say to be more accurate or complete?
(additional pages may be submitted with this form if needed)

Reason for requested amendment

I am also requesting you send notice of this amendment to the following individual or entities to whom you may have disclosed this particular information in the past. (For example: the insurance company with whom you applied for insurance and ordered the lab testing.)

Authorized Agents: You may exercise your right to know or your request for deletion of your PI, through the use of an authorized agent. A request from an authorized agent on your behalf will only be accepted if the authorized agent provides us with satisfactory written proof they are authorized to act on your behalf. We may also first require the authorized agent to verify their identity, before accepting the request. CRL may deny requests from authorized agents that fail to provide proof of their status as an authorized agent or verification of their identity.

I understand that CRL to whom I am making this request may or may not supplement my record with an addendum based upon this request, and under no circumstance, is able to alter the original documentation in my record. This request for an amendment may be made part of my permanent record and will be sent to the individuals/organizations identified by me above.

Signature: _____

Date: _____

Please Mail Form to:

Clinical Reference Laboratory, Inc. Attn: Privacy Officer, 8433 Quivira Road Lenexa, KS 66215
Or email to: privacy@crlcorp.com

Verification Information

Please complete this form and answer all questions accurately so that we may verify your identity and respond to your request as soon as possible. Thank you.

We may reject your request if we cannot verify your identity. Please follow the instructions and provide the requested information to allow us to adequately address your request. Please fill out your contact information, or the contact information of the individual you are submitting this request for (if submitting on behalf of another). All contact information should be consistent with information previously provided to CRL.



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