



Request To Amend Health Information

- You have the right to ask the Illinois Department of Healthcare and Family Services (Agency) to amend your personal health information that it has.
- The Agency does not have to agree to your request if the personal health information it has about you is accurate and complete, or was not created by the Agency, or is not part of a designated record set, or is not available for you to see.
- The Agency is required to tell you within 60 days after it receives your request if it will agree to your request or if it needs more time to respond to your request.

My name: _____ Date of birth: _____

I request that the Agency amend my personal health information in this way:

This is the reason why I am asking the Agency to amend my personal health information

Signature: _____ Date: _____

Send this Personal Representative Designation or Revocation to:

Privacy Officer
Office of the General Counsel
Healthcare and Family Services
201 S. Grand Ave. East, 3rd Floor
Springfield, IL 62763-1000

Fax: 1-217-524-2397

If you have any questions, contact the Privacy Office at the address to the left, or the phone number below. The call is free.

Toll-free telephone: 1-800-226-0768
(Health Benefits Hotline)
Toll-free for persons using a TTY: 1-877-204-1012

e-mail address:
HFS.privacy.officer@illinois.gov