

**WHITMAN COUNTY LEOFF I BOARD**  
**400 N Main Street, Colfax, WA 99111**  
**(509) 397-5246**  
**FAX (509) 397-6355**

**REQUEST FOR CORRECTED/AMENDED  
HEALTH INFORMATION**

Client Name: \_\_\_\_\_ Previous Names: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Record to Be Changed: \_\_\_\_\_

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

Explanation of Why and How the Record Should be Changed: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_  
Client or Legally Authorized Representative

Date

\_\_\_\_\_  
Relationship to client if signed on behalf of the client by parent, legal guardian, personal representative, etc.

Whitman County will review your request and respond within 10 days of its receipt. A copy of your request will be added to your record. Any changes to your record will be forwarded to individuals identified by you and/or anyone who received the information in the past and who needs to know about the change.