

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.