



**NEW HAMPSHIRE  
Local Government Center**

New Hampshire Municipal Association  
Workers' Compensation Trust  
Property-Liability Trust  
HealthTrust

**INDIVIDUAL REQUEST TO CORRECT OR AMEND A RECORD**

I request Local Government Center (LGC) HealthTrust to amend the protected health information in its designated record set.

**Specific Statement of Amendment Request**

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**Specific Reason for Amendment Request**

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I understand that if the protected health information was not created by LGC HealthTrust, LGC HealthTrust 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 LGC HealthTrust - to amend the report. I also understand that if the information is not available for my inspection, is not part of LGC HealthTrust's designated record set or is already accurate and complete, I cannot amend the information.

I understand that LGC HealthTrust will respond to my request within 60 days from the date hereof.

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