



Request for Amendments/Corrections to Personal Information

Please Send Completed Form To:

NeoGenomics Laboratories, Attn: Compliance Department, 12701 Commonwealth Dr., Suite 9, Fort Myers, FL 33913
Fax # (844) 890-9650; compliance@neogenomics.com

Personal Information:			
Name:		Patients ID / Account# (NEO Use):	
Address:	City:	State:	Zip Code:
Social Security Number: - -	Phone Number: ()	Date of Birth: MM ____ /DD ____ /YYYY ____	

I request that the following information be amended/corrected in my record(s). *(Please explain below what the entry should say to be more complete and accurate):*

Reason for Request. *(Please explain below why the entry is incomplete or incorrect):*

Should your request be accepted and the appropriate amendment made, a copy of the amended information will be sent to anyone who has previously received this information. Please list below anyone else you would like to receive this amendment. *(List names and addresses):*



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I understand that:

- ✓ NeoGenomics (NEO) will respond to my request within 30 days. If the response cannot be responded to within 30 days, NEO will notify me that an extension of another 30 days (or less) is required to respond.
- ✓ My request will be considered by NEO, but may be denied if the information was not created by NEO, would not be available to me under applicable law, or is determined to be accurate and complete.

Individual or Personal Representative Signature:	Date:
Print Individual/Personal Representative's Name:	Relationship to individual:

*****PLEASE INCLUDE A COPY OF A GOVERNEMENT ISSUED IDENTIFICATION (DRIVER'S LICENSE, ID CARD) FOR SIGNATURE VERIFICATION*****

IF A PERSON, OTHER THAN THE OWNER OF THE PERSONAL INFORMATION IS SIGNING, A COPY OF LEGAL PAPERWORK VERIFYING THE VALIDITY OF THE INDIVIDUAL'S PERSONAL REPRESENTATIVE MUST ACCOMPANY THIS REQUEST



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FOR NEOGENOMICS ONLY:

Date Request Received:	Date Notification Was Sent To Individual Or Personal Representative:
<input type="checkbox"/> Amendment Accepted <input type="checkbox"/> Amendment/Correction completed <input type="checkbox"/> Amendment sent to individual/entities designated above, and all who previously received this information.	<input type="checkbox"/> Amendment Denied Reason for denial: <input type="checkbox"/> Information was not created by NeoGenomics <input type="checkbox"/> Information is not available to the patient under applicable law <input type="checkbox"/> Information is not part of the medical or billing record <input type="checkbox"/> Information that has been provided has been determined to not be accurate <input type="checkbox"/> Other:
NeoGenomics Representative Name/Signature:	Date: