

**THE PROCTER & GAMBLE COMPANY**

**HIPAA PRIVACY**

**REQUEST FOR AMENDMENT OF DESIGNATED RECORDS**

**REQUEST**

The Procter & Gamble Company and its subsidiaries (collectively, the “Company”) sponsor certain self-insured group health plans in the United States (collectively, the “Plan”).

Effective \_\_\_\_\_[*date*], I, \_\_\_\_\_[*please print full name*], am requesting that the Protected Health Information (“PHI”) contained in the Designated Record Set which the Plan or a Business Associate of the Plan maintains on my behalf be amended as follows: [*identify the information to be amended and the requested amendment as specifically as possible*]

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☐ Additional pages attached.

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

[OR]

\_\_\_\_\_  
Representative/Relationship Date

PLEASE DIRECT REQUESTS FOR AMENDMENTS  
OR QUESTIONS REGARDING THIS FORM TO:

Band III Director, NA Health & Wellness, My P&G Services & US Benefits Delivery  
2 P&G Plaza GO TE3 Cincinnati OH 45201

If related to South Boston On-Site Medical Plan: to the Band III Director Boston Site Medical  
Leader

OSMP Manager, South Boston Medical Plan, The Gillette Company, One Gillette Park, Mail Stop  
1Y9 South Boston, MA 02127

For Plan Use Only

Date Request Received: \_\_\_\_\_

Response Due Date: \_\_\_\_\_

Date Response (attached) sent: \_\_\_\_\_