



Laurel Lake Vol. Fire and Rescue: EMS Division
5436 Battle Lane / P.O. Box No. 349
Millville, NJ 08332
contact@LLFR-EMS.org



HEALTH INFORMATION AMENDMENT REQUEST

You have the right to request an amendment to your protected health information. If you would like to request an amendment to your health information, please complete the form below.

Name:		Age:	DOB:	Phone Number:	Sex:
Home Address:	City:	State:	Zip	SSN:	

I hereby request **that Laurel Lake Vol. Fire and Rescue: EMS** change/amend my protected health information record because *(Please explain what information you are requesting to be changed/amended and why.):*

What should the information say to be more accurate or complete?
 (Use the back of the form if you need more space.):

 Signature

 Date

(See next page for Reviewer's action and/or comments.)



Laurel Lake Vol. Fire and Rescue: EMS Division
5436 Battle Lane / P.O. Box No. 349
Millville, NJ 08332
[**contact@LLFR-EMS.org**](mailto:contact@LLFR-EMS.org)



HEALTH INFORMATION AMENDMENT REQUEST
THIS PAGE IS FOR OFFICE USE ONLY

Date of Receipt:	Received By (Name and Title):	Date of Review:	Reviewed By (Name and Title):
------------------	-------------------------------	-----------------	-------------------------------

Action Taken:	<input type="checkbox"/> The amendment request was accepted and implemented. <input type="checkbox"/> The amendment request was partially accepted: _____ <input type="checkbox"/> The Amendment request was denied, for the following reason: <input type="checkbox"/> The PHI was not created by this organization. <input type="checkbox"/> The PHI is not part of the patient’s designated records <input type="checkbox"/> Under HIPAA law, the patient is restricted from accessing this information. <input type="checkbox"/> The responsible HCP views the patient’s information to be reasonably accurate as defined by HIPAA 164.516 <input type="checkbox"/> Other: _____
----------------------	---

Comments/Notes:

Signature of Reviewer

Date

Printed Name and Title