

DANVILLE FIRE DEPARTMENT

REQUEST FOR AMENDMENT OF PHI

Danville Fire Department and Center Township / Danville

Ambulance Service

Request for Amendment of Protected Health Information

Patient Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Information to Amend:

Please check the field that represents the type of information you would like to amend.

- | | |
|--|---|
| <input type="checkbox"/> Name | <input type="checkbox"/> Marital Status |
| <input type="checkbox"/> Billing Address | <input type="checkbox"/> Surrogate Decision Maker |
| <input type="checkbox"/> Mailing Address | <input type="checkbox"/> Organ Donor |
| <input type="checkbox"/> Current Medical Condition | <input type="checkbox"/> Current Medications |
| <input type="checkbox"/> Past Medical History | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Other: Please describe | |

Please specifically describe what information you wanted amended. Please **ONLY** list the new information. Attach a separate sheet if necessary.

Danville Fire Department and Center Township / Danville Ambulance Service, in its capacity as a health care provider, is entitled to perform and bill for services based on all protected health information in its current form or upon which it has already relied until such time as the amended information becomes effective. Danville Fire Department and Center Township / Danville Ambulance Service is not required to accept your request for amendment and will notify you in writing as to the decision on your request.

Your signature below indicates that you have agreed to accept these terms as they have been listed and to provide payment, if required, to Danville Fire Department and Center Township / Danville Ambulance Service based on existing protected information until such time that the amendments you have made are effective.

Patient Signature: _____ *Date:* _____

[NOTE: Generally, you must respond to requests for amendments to PHI within 60 days of your receipt of the amendment request. If you are unable to respond to the request within 60 days, you may extend your decision period for an additional 30 days, provided that you furnish a written notice to the requester, explaining the reasons for the delay and the date by which you will take action on the request]