LAKE WORTH FIRE

3805 Adam Grubb Drive • Lake Worth, Texas 76135 • 817 237-7461

REQUEST FOR CORRECTION/AMENDMENT OF PROTECTED HEALTH INFORMATION

PATIENT NAME	DATE OF BIRTH	PATIENT RECORD NUMBER

PATIENT ADDRESS	CITY	STATE	ZIP

DATE OF ENTRY TO BE CORRECTED/AMENDED	INFORMATION TO BE CORRECTED/AMENDED

Please explain how the entry is incorrect or incomplete. What should the entry say to be more accurate or complete? Use additional sheets if needed and attach to this form.

If you agree, The Lake Worth Fire Department will make a reasonable effort to provide the amendment to other persons who The Lake Worth Fire Department knows received the information in the past and who may have relied or are likely to rely on such information in a manner that may be detrimental to your health care.

☐ I agree to allow The Lake Worth Fire Department to release any amended information to individuals or entities as described above.

Would you like this amendment sent to anyone else who received the information in the past? ☐ Yes ☐ No

If yes, please specify the name and address of the organization(s) or individual(s).

SIGNATURE OF PATIENT OR PERSONAL REPRESENTATIVE *(If Personal Representative, state relationship to patient)*	DATE

SIGNATURE OF WITNESS *(If signature of patient is a thumbprint or mark)*	DATE

FOR LWFD USE ONLY

DATE RECEIVED	AMENDMENT HAS BEEN ☐ Accepted ☐ Denied

IF DENIED, CHECK REASON FOR DENIAL

☐ PHI is not part of the patient's designated record set

☐ Record is not available to the patient for inspection under federal law

☐ Lake Worth Fire Department did not create record

☐ Record is accurate and complete

COMMENTS OF HEALTHCARE PROVIDER (if applicable)

SIGNATURE OF HEALTHCARE PROVIDER (if applicable)	TITLE	DATE

SIGNATURE OF CEO DESIGNEE	DATE