Please complete the following information:

1. Today's date ______________________ Today's time ______________________
2. Patient's Full Legal Name ______________________
3. Birth date ______________________ 4. Phone # ______________________
5. MRN ______________________ 6. Account # ______________________
7. Patient's street address ______________________
   City ______________________ State __________ Zip __________
8. Describe the information you want amended (e.g., lab test results, physician notes, specify the author)
   ____
9. Date(s), facility name of treatment
   ____
10. Is the information ❐ incorrect or ❐ incomplete?
11. How is the entry incorrect or incomplete ______________________
    ____
    ____
12. **Please attach supporting documentation/information along with completed amendment form and mail to: Baptist Health Hospitals, Amendment Office, P.O. Box 10757, Jacksonville, FL 32247, phone 904.202.5622.**
13. Do you know of anyone who may have received or relied on the information in question (such as your doctor, Pharmacist, health plan, or other care provider)? Yes ❐ No ❐

    If yes, please specify the name(s) and address(es) of the organization(s) or individual(s).
    ____
    ____
14. If amendment is accepted, do we have your permission to share amendment with individuals who have received this information? Yes ❐ No ❐

Signature of patient/parent/guardian: ______________________ Date: __________ Time: __________

FOR HEALTHCARE ORGANIZATION USE ONLY

Amendment has been: ❐ Accepted ❐ Denied

Signature of Privacy Officer or designee: ______________________ Date: __________ Time: __________

❐ Patient has not filed a Statement of Disagreement, but requests that any future releases include the requested amendment and denial information.

❐ Patient filed a Statement of Disagreement that must be released along with other documentation with any future releases.

❐ Facility/provider appended written response (rebuttal) and forwarded to patient.

REQUEST FOR AMENDMENT OF PATIENT INFORMATION

1940

PATIENT LABEL