



**EMS**

Issued: 04/28/2020  
Revised: 11/01/2024  
Reviewed: 10/10/2024

**SOG 400.0.00**

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## **Privacy Policies and Procedures**

### **REQUEST FOR AMENDMENT OF PROTECTED HEALTH INFORMATION FORM #4**

#### **INDIVIDUAL DATA:**

Requester's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

#### **NATURE OF REQUEST FOR AMENDMENT:**

A. I wish the Terrell Fire Department to amend the following protected health information:

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B. The reason for this requested amendment is:

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C. The information should be amended as follows:

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D. I want the Terrell Fire Department to notify the following persons who may have received my protected health information in the past of any amendment to my protected health information:

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E. I agree that the Terrell Fire Department may provide my amended protected health information to Business Associates: (i) that the Terrell Fire Department has provided the protected health information, which is the subject of the amendment request, and (ii) from whom the Terrell Fire Department has received the protected health information, which is the subject of the amendment request.

Yes       No

#### **CONDITIONS GOVERNING THE REQUEST FOR AMENDMENT:**

- A. Under the Standards for the Privacy of Individually Identifiable Health Information (often called the "Privacy Rule"), the Terrell Fire Department and its Business Associates are required to permit an individual to request an amendment of his/her protected health information that he/she believes is inaccurate or incomplete.
- B. The Terrell Fire Department may deny an individual's request if the protected information:



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- a. Is not part of a designated record set (Under the Privacy Rule, a designated record set is a group of records maintained by the Terrell Fire Department and its Business Associates that are the medical records and billing records about individuals maintained by or for the Terrell Fire Department and any other records that may be used to make health care decisions about individuals.);
- b. Was not created by the Terrell Fire Department or its Business Associate(s);
- c. Is complete and accurate;
- d. Constitutes psychotherapy notes;
- e. Was compiled in anticipation of or for use in any civil, criminal, or administrative action or proceeding involving the Terrell Fire Department; or
- f. Not subject to disclosure to the individual under the Clinical Laboratory Improvements Amendments of 1988.

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

If this request is by a personal representative on behalf of the individual complete the following:

Personal Representative's Name: \_\_\_\_\_  
Relationship to the Individual: \_\_\_\_\_