



# Elverson Honey Brook Area EMS

PO Box 154 Elverson, PA 19520

Phone: 610-286-8925 Fax 610-913-6154 Billing: 610-816-6135

*Proudly Service Chester County, Lancaster County, and Berks County Since 1948*

## **REQUEST FOR AMENDMENT**

*You have the right to request that we amend certain information in our records that may be used to make decisions about you and your treatment for as long as we maintain the information in our records. To request an amendment to your records, complete and return this Request for Amendment form.*

I \_\_\_\_\_ request that Elverson – Honey Brook Area EMS., make the following amendment(s) to my identifiable health information (please specify both what information you would like to amend and the reason for the amendment; we may deny your request if you do not provide a reason to support your request):

### **AMENDMENT**

### **REASON FOR AMENDMENT**

- |                            |                         |
|----------------------------|-------------------------|
| 1. _____<br>_____<br>_____ | _____<br>_____<br>_____ |
| 2. _____<br>_____<br>_____ | _____<br>_____<br>_____ |

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Relationship to Patient

For Office Use Only: \_\_\_\_\_ Initials \_\_\_\_\_ Date Received: \_\_\_\_\_

Agreed ☐

Disagreed ☐

Reason for Denial: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Notice of Decision Sent: \_\_\_\_\_

Date Amendment Made: \_\_\_\_\_