FDNY
Request for Amendment

Our patients have the right to request that we amend information contained in our records that may be used to make decisions about their care. Please see our Notice of Privacy Practices for a more detailed description of these rights. At the FDNY, we pledge to treat all requests for amendment of information in a manner that is respectful and helpful. To request an amendment to your records, please complete the following form and return it to the facility's Records Management Department.

Patient Name	First	MI	Last
Patient Information	PCR Booklet Number	Date of Transport	Date of Birth
Patient's Mailing Address	Street Address		Apt
	City	State	Zip
Patient's Contact Information	Phone Number	Cell Phone Number	Email
Amendment Request	**What would you like to amend**? Please use the space below to indicate what information you would like to amend (attach a separate page, if necessary)		
	How do you believe the information should be amended? Please use the space below to indicate how you believe the information should be amended (attach a separate page, if necessary)		

	Why do you believe the information should be amended? Please use the space below to indicate why you believe the information should be amended (attach a separate page, if necessary). Your request may be denied if you do not provide a reason to support your request.
Notification	**If your request for amendment is approved, we will make a reasonable effort to forward the amendment to individuals or organizations that you believe should be notified.** In the space below, please indicate the names and addresses of individuals or organizations that you believe should be notified (attach a separate page, if necessary)

Patient Understanding and Signature
By Signing below, I am requesting that the FDNY amend my health information as I have explained above:

_____
Signature of Patient or Personal Representative

_____
Date

_____
Print Name of Patient

_____
Description of Personal Representative's Authority to Act