

Please complete the following information:

- 1. Today's date \_\_\_\_\_ Today's time \_\_\_\_\_
- 2. Patient's Full Legal Name \_\_\_\_\_
- 3. Birth date \_\_\_\_\_ 4. Social Security # \_\_\_\_\_
- 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 written amendment and mail amendment and completed form to: Baptist Health Hospitals, Amendment Office, 14550 Old St. Augustine Road, Jacksonville, FL 32258, 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.



Baptist Medical Center Jacksonville, Jacksonville, FL  
Baptist Medical Center Beaches, Jacksonville Beach, FL  
Baptist Medical Center Nassau, Fernandina Beach, FL  
Baptist Medical Center South, Jacksonville, FL  
Baptist Emergency Center Clay, Fleming Island, FL  
Baptist Emergency Town Center, Jacksonville, FL  
Baptist North Emergency Center, Jacksonville, FL  
Wolfson Children's Hospital, Jacksonville, FL

**REQUEST FOR AMENDMENT OF PATIENT INFORMATION**



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PATIENT LABEL