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, 1250 South 18th Street, Fernandina Beach, FL 32034, 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 HEALTH

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
Wolfson Children's Hospital, Jacksonville, FL

REQUEST FOR AMENDMENT OF PATIENT INFORMATION

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PATIENT LABEL