

**Jefferson Fire District**  
**Acceptance of Request for Amendment of Protected Health Information**  
**Form 100.15.F4**

Dear [INSERT NAME OF REQUESTOR]:

We have reviewed your request for amendment to the protected health information (PHI) of [INSERT NAME OF PATIENT]. Please be advised that we have made the appropriate amendment to the PHI or record that was the subject of your request.

We are now requesting that you grant us permission to allow us to notify the persons with which the amendments need to be shared. We will provide to those individuals you identify to us as having received the PHI that has been amended as well as those persons or business associates that have such information and who may have relied on or could be reasonably expected to rely on the amended PHI.

Identify to us any individuals you know of who may need the amended PHI about you and sign the statement below giving us permission to provide them with the updated PHI.

If you have any questions, please contact

Privacy Officer  
PO Box 911  
189 N. Main St.  
Jefferson, OR 97352  
(541) 327-2822

Sincerely,

Jefferson Fire District

By my signature below, I hereby agree to allow Jefferson Fire District to provide amended PHI that it may have about me to the following persons, and to others who Jefferson Fire District has identified have a need for such information, provided such information is furnished in accordance with federal law.

Contact information for persons I know need the amended PHI about me:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature