



## POQUOSON FIRE AND RESCUE

830 Poquoson Avenue  
Poquoson, VA 23662

PHONE: (757) 868-3510 FAX: (757) 868-3514

### REQUEST TO AMEND HEALTH INFORMATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Dear Privacy Officer:

This is a request to amend the health information identified below.

Incident Number \_\_\_\_\_ dated \_\_\_\_\_

Please amend as follows: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that I have a right to submit a written disagreement to any amendment denied. Even if I do not submit a written disagreement, I may request that any future disclosures of health information include a copy of my request for amendment. Also, in the event that I have a complaint about matters relating to my health information, I may file a complaint directed to:

Poquoson Fire and Rescue  
Privacy Officer: Krista Corbitt  
830 Poquoson Avenue  
Poquoson, VA 23662

I understand that I may also register my complaint with the U.S. Department of Health and Human Services, Washington, DC 20212.

Name of Patient (please print clearly): \_\_\_\_\_

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

(Created 10/01/09)