



Oceana County Emergency Medical Services

3966 N. Oceana Drive ~ Hart, MI 49420

Phone 231-873-8241 ~ Fax 231-873-8263 ~ E-mail- ocems@core.com

Request for Amendment of Protected Health Information

Patient Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Information to Amend:

- | | |
|--|---|
| <input type="checkbox"/> Name | <input type="checkbox"/> Marital Status |
| <input type="checkbox"/> Billing Address | <input type="checkbox"/> Surrogate Decision Maker |
| <input type="checkbox"/> Mailing Address | <input type="checkbox"/> Organ Donor |
| <input type="checkbox"/> Current Medical Condition | <input type="checkbox"/> Other: Please describe. |
| <input type="checkbox"/> Past Medical History | _____ |
| <input type="checkbox"/> Current Medications | _____ |
| <input type="checkbox"/> Allergies | _____ |

Please specifically describe what information you wanted amended. Please ONLY list the new information. Attach a separate sheet if necessary.

Oceana County EMS, in its capacity as a health care provider, is entitled to perform and bill for services based on all protected health information in its current form or upon which it has already relied until such time as the amended information becomes effective. Oceana County EMS is not required to accept your request for amendment and will notify you in writing as to the decision on your request.

Your signature below indicates that you have agreed to accept these terms as they have been listed and to provide payment, if required, to Oceana County EMS based on existing protected information until such time that the amendments you have made are effective.

Patient Signature: _____ *Date:* _____