

**COSHOCTON COUNTY EMS
ACCEPTANCE OF REQUEST FOR AMENDMENT OF PROTECTED HEALTH
INFORMATION
ATTACHMENT E**

Dear (Requestor's Name):

We have reviewed your request for amendment to the protected health information (PHI) of (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 the Director, Coshocton County EMS, 513 Chestnut Street, Coshocton, OH 43812; phone 740-622-4294.

Sincerely,

Director
Coshocton County EMS

By my signature below, I hereby agree to allow Coshocton County EMS to provide amended PHI that it my have about me to the following persons, and to others who Coshocton County EMS 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:

Signature: _____ **Date:** _____

Printed Name: _____