



**Florham Park Memorial First Aid Squad  
REQUEST TO AMEND PROTECTED HEALTH INFORMATION (PHI)**

When complete please send to [Compliance@fpfirstaid.org](mailto:Compliance@fpfirstaid.org) or  
60 Felch Road,  
Florham Park NJ 07932

Use this form to request an amendment to your PHI. If you need assistance completing the form, please contact [Compliance@fpfirstaid.org](mailto:Compliance@fpfirstaid.org). This form can be translated to other languages.

**Section A:** The individual for whom amendment is being requested. Please complete the following:

Name:  
Social Security Number:  
Date of Birth:  
Address City State ZIP  
Area Code & Telephone Number:  
E-mail address

**Section B:**

Please list the information you are requesting be amended:

Please state the reason(s) you feel these records should be amended:

**Section C:** Please list the name(s) and address(es) of individuals to notify should we agree to make the amendment.

Name:  
Address:  
City: State ZIP

**Section D:**

Signature –This document must be signed by the individual, parent of a minor child or personal representative. I request that Florham Park Memorial First Aid Squad amend my PHI as specified in Section B above. I understand that I can only sign on behalf of a minor child under the age of 18 unless there is proof of legal guardianship.

**Signature:**

Date:

**Section E:**

If Section D is signed by a Personal Representative, please complete the information below:  
If you are signing as a Power of Attorney, Legal Guardian, Executor or Administrator, please attach a copy of the Legal documents. Please attach supporting documents.

Personal Representative's Name:

Relationship to Individual:

Personal Representative's Address:

City

State

ZIP

Area Code & Telephone Number:

Personal Representative's E-mail address: