

**FIRSTSIGHT VISION SERVICES, INC.  
REQUEST FOR AMENDMENT TO DESIGNATED RECORDS**

Effective \_\_\_\_\_ [date], I, \_\_\_\_\_ [Patient's name],  
request that the health information contained in the designated record set that FirstSight Vision  
Services, Inc. (the "Company") or a business associate of the Company maintains on my behalf  
be amended as follows [identify the information to be amended and the requested amendment as  
specifically as possible]:

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*check here if additional pages are attached*

I am requesting this amendment because: [please set forth your reason(s)]

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*check here if additional pages are attached*

If the Company agrees to my requested amendment, I would like the Company to notify the  
following individuals and organizations of this amendment [please provide names and addresses]:

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

**-or-**

\_\_\_\_\_  
Signature of Personal Representative of Patient

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Relationship of Personal Representative to Patient

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[TO BE COMPLETED BY FIRSTSIGHT ASSOCIATE]  
(check one)

- I know the individual making this request.
- I hereby verify the identity of the individual requesting protected health information and the authority of the individual to have access to the protected health information.

\_\_\_\_\_  
Signature of FirstSight Associate

\_\_\_\_\_  
Date

\_\_\_\_\_  
Store Number

**SUBMIT COMPLETED FORM TO:**

Privacy Officer  
FirstSight Vision Services, Inc.  
1202 Monte Vista Avenue  
Upland, CA 91786

**For FirstSight Vision Services, Inc. Use Only:**

Date Received: (MM/DD/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_

Disposition of Request: \_\_\_\_ GRANTED \_\_\_\_ DENIED \_\_\_\_ PARTIALLY DENIED

Patient notified in writing of response to Request on this date: (MO/DY/YR) \_\_\_\_/\_\_\_\_/\_\_\_\_

Fee Charged for fulfilling this Request (if applicable): \$\_\_\_\_\_

Name or Initials of FirstSight Associate processing this Request: \_\_\_\_\_