

**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]:

check here if additional pages are attached

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

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]:

Signature of Patient

-or-

Signature of Personal Representative of Patient

Date Signed

Relationship of Personal Representative to Patient

[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: _____