



Individual Request to Amend Protected Health Information

As a member of The Health Plan, you have the right to request that we amend your protected health information, while it is kept by us, if you believe that the information is incorrect or incomplete. We can ask you to provide a request for amendment in writing. Please provide the information below.

The following information pertains to the individual whose protected health information you wish to amend:

Member's Name: _____

Member's ID Number: _____

Member's Address: _____

Date of Birth: _____

Phone Number: _____

Describe the information you want amended

Date(s) of information to be amended

What is your reason for making this request?

How is the entry incorrect, incomplete or outdated?

What should the entry say to be more accurate or complete?

Do you know of anyone who may have received or relied on the information in question (e.g. your doctor, pharmacist, or other health care provider)? Yes No

If yes, please specify the name(s) and address(es) of the organization(s) or individual(s):

Name (printed)

Date

Signature (of member or legal representative)

FOR THE HEALTH PLAN'S USE ONLY

Amendment has been: _____Accepted _____Denied

If denied, check the reason for denial:

- Protected health information was not created by The Health Plan.
- Protected health information is not a part of the member's designated record set.
- Federal law forbids making the protected health information in question available to the member for inspection (e.g. psychotherapy notes).
- Protected health information is accurate and complete.

Staff comments:

Signature of staff person _____ Date _____

Print name/title _____

Date member notified: _____

Did the member submit a statement of disagreement: Yes No

If yes, date statement of disagreement received: _____

Did The Health Plan send the member a rebuttal statement: Yes No

If yes, date the rebuttal statement sent to member: _____

