

REQUEST TO AMEND PROTECTED HEALTH INFORMATION

Name: _____ Enrollee #: _____

As provided for under the Health Insurance Portability and Accountability Act (HIPAA), I am exercising my right to request that my protected health information (PHI) be amended as indicated below.

AMENDMENT REQUEST

Information to be Amended

Describe/identify the information that you are requesting be amended: _____

Indicate the reason(s) why you believe the information is incorrect in our files: _____

Indicate what you believe the correct information to be: _____

Indicate the name and address of anyone you are requesting be notified of this correction:

Signature of Patient or Patient's Authorized Representative

Date

If signature is Authorized Representative's, please indicate relationship or authority to act for individual.

GROUP HEALTH PLAN REVIEW/REPLY SECTION

This section is for use by authorized representatives of the group health plan only.

Date Received: _____

Title of Reviewer: _____

Date: _____

This request for amendment of PHI is being:

- Approved.
- Declined because we did not create information. However, if the creator of the information is unavailable to act on the request to amend, please notify us in writing and we will reconsider the request.
- Declined because the information is not part of a designated record set we maintain.
- Declined because the information is not information that is required to be made available to the individual for inspection.
- Declined because the information is accurate and complete as stated in our records.

All future disclosures of this information will include your request to amend it and our decision as indicated above.

If you disagree with this decision, you have right to file a limited, one page or less, rebuttal to the decision which will be included with any future disclosures of the information.

If you believe your privacy rights have been violated, you may file a complaint with the plan or the Secretary of Health and Human Services. Complaints should be filed in writing and sent to the Legal Department of Midwest Security. The plan will not retaliate against you for filing a complaint.