



Individual Request to Amend Protected Health Information

As a member of The Health Plan of West Virginia, Inc. (THP), 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:

<i>Name</i>		<i>Member ID Number</i>	
<i>Street Address</i>		<i>Date of Birth</i>	
<i>City/State/Zip</i>		<i>Phone Number</i>	

<i>Describe the information you want amended:</i>

<i>Dates of information to be amended</i>	
<i>From:</i>	<i>To:</i>

<i>What is your reason for making this request?</i>

What should the entry say to be more accurate?

How is the entry incorrect, incomplete or outdated?

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	Address

Print Name

Date

Signature (of member or legal representative)

FOR THP'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: _____

Staff signature: _____ 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 THP send the member a rebuttal statement: Yes No

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

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

