Individual Request to Amend Protected Health Information

You have the right to request that we amend your protected health information if you believe that the information is incorrect or incomplete. We can deny your request if the PHI was not created by us, if the PHI is not part of your designated record set, or if we believe the PHI is accurate and complete. This request will become part of your record.

Please print the following information:

Member Name:		
Address:		
City:	State:	Zip Code:
Date of Birth:	Plan ID Number:	
Phone Number:	Email Address:	
Member Signature:		Date:
Legal Representative Signature: *(if applicable)*		Date:
Relationship to Member:		

What needs to be amended and why:

Entry to be amended:	
Date(s) of entry:	
Authors of entry:	
Please explain how the information is incorrect or incomplete. How should the information be stated to be more accurate or complete?	
If this amendment is accepted, would you like this amendment sent to anyone to whom we may have shared this information in the past? If so, please specify the contact information of the individual or organizations:	

THP USE ONLY:

Amendment has been: _____ Accepted _____ Denied

☐ 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 prohibits 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: _____