

Request for Amendment of Protected Health Information

I. INDIVIDUAL DATA:

INDIVIDUAL'S NAME: _____

GROUP HEALTH PLAN ID NUMBER: _____

ADDRESS: _____

TELEPHONE NO.: _____

II. NATURE OF REQUEST FOR AMENDMENT:

A. I wish my GROUP HEALTH PLAN ("GHP") to amend the following protected health information: _____

B. I request this amendment for the following reason(s): _____

C. The information should be amended as follows: _____

D. I want my GHP to notify the following persons who may have received my protected health information in the past of any amendment to my protected health information:

E. I agree that my GHP may provide my amended protected health information to Business Associates: (i) that GHP has provided the protected health information, which is the subject of the amendment request, and (ii) from whom GHP has received the protected health information, which is the subject of the amendment request. Yes No

III. CONDITIONS GOVERNING THE REQUEST FOR AN AMENDMENT:

A. Under the Standards for the Privacy of Individually Identifiable Health Information (often called the "Privacy Rule"), the GHP and its Business Associates are required to permit a individual to request an amendment of his/her protected health information that he/she believes is inaccurate or incomplete.

B. The GHP may deny a individual's request if the protected health information:

1. Is not part of a designated record set (Under the Privacy Rule, a designated record set is a group of records maintained by the GHP and its Business Associates that are the medical records and billing records about individuals maintained by or for the GHP and any other records that may be used to make health care decisions about individuals.);
2. Was not created by the GHP or its Business Associate(s);
3. Is complete and accurate;
4. Constitutes psychotherapy notes;
5. Was compiled in anticipation of or for use in any civil, criminal, or administrative action or proceeding involving the GHP; or
6. Not subject to disclosure to the individual under the Clinical Laboratory Improvements Amendments of 1988.

SIGNATURE: _____

DATE: _____

If this request is by a personal representative on behalf of the individual, complete the following:

PERSONAL REPRESENTATIVE'S NAME: _____

RELATIONSHIP TO THE INDIVIDUAL: _____

GHP/BUSINESS ASSOCIATE TO COMPLETE THE FOLLOWING:

Response to Request for an Amendment

GHP must respond to an individual's amendment request within 60 days.

Date of receipt of request: ____/____/____

If necessary, GHP may take one 30-day extension from the date of receipt of the request to provide a response.

Extension notice sent on: ____/____/____

Response date promised in extension notice: ____/____/____

Reason given for extension: _____

Review of Request for Amendment

Request for correction / amendment has been: __Accepted __Denied

Request for Amendment Is Accepted

Date the individual notified of the acceptance of the request: ____/____/____.

Date the persons or entities identified by the individual to receive the amended protected health information were notified of the amendment: ____/____/____.

Date that the appropriate Business Associates were notified of the amendment: ____/____/____.

Request for Amendment Is Denied

The request for amendment was denied for the following reasons:

- The protected health information was not created by the GHP or its Business Associate(s).
- The protected health information is not part of a designated record set.
- The protected health information constitutes psychotherapy notes
- The protected health information is accurate and complete.
- The protected health information is compiled in anticipation of or for use in any civil, criminal, or administrative action or proceeding in which the GHP is involved.
- The protected health information is not subject to disclosure under the Clinical Laboratory Improvements Amendments of 1988.

The individual was notified of the denial on: ____/____/____.

Objection to Denial of Request for Amendment

- On ____/____/____ individual requested that the request for amendment and GHP's denial be included in future disclosures of the protected health information. Link or append the request for amendment and GHP's denial of the request to the disputed protected health information. Include the request for amendment and GHP's denial of request, or, in the alternative, a summary of the situation in future disclosures of the disputed protected health information.
- On ____/____/____ individual submitted a statement of disagreement. Link or append the statement of disagreement to the disputed protected health information. Include the statement of disagreement, the request for amendment, and the denial of the request, or, in the alternative a summary of the situation in future disclosures of the disputed protected health information.
- On ____/____/____ GHP prepared rebuttal to individual's statement of disagreement and sent it to the individual. Link or append the rebuttal statement to the disputed protected health information. Include the statement of disagreement, the request for amendment, the denial of the request, and, the rebuttal, or, in the alternative a summary of the situation in future disclosures of the disputed protected health information. Insert text here.