

Request for Amendment of Protected Health Information— Health Plan

NOTICE TO MEMBER: Your request for an amendment to your protected health information maintained in the designated record set is applicable **only** to the information maintained by the Cameron University Health Plan. If you would like to request amendments to your protected health information maintained by any other University entity, a separate request must be submitted to that University entity.

Member Name: _____ Date of Birth: _____ Member ID #: _____

Member
Address:

Street Apt # City State Zip

Address where you want the response to this request sent: _____
Street City State Zip

REQUESTED AMENDMENT:

Date of the record or information you would like amended: _____

Describe the information you would like amended: _____

State the specific reason for requested amendment: _____

I request the amendment described above be made to the protected health information in my designated record set maintained or created by the Cameron University Health Plan.

Signature

*Title, if legal representative

*May be requested to submit evidence of representative status.

Request APPROVED

Your request for amendment is approved. Please complete the attached form, Protected Health Information Amendment - Notification Form, to identify any persons or entities that need to be notified of the amendment to your protected health information and return the form to us.

Request DENIED

See attached Denial of Request for Amendment of Protected Health Information for details.