



FERRIS STATE UNIVERSITY

HUMAN RESOURCES

REQUEST TO AMEND

Part I: To Be Completed By Health Plan Participant; Employee, Spouse, or Dependent

1. Please complete the following:

Employee Name: _____

Employee's Department: _____

Health Plan Participants Name: _____

Participant Relationship: Employee Spouse Dependent EA

Address: _____

Phone number: _____

E-mail address: _____

Social Security #: _____ Date of birth: _____

2. I would like to amend the protected health information as follows:

Current entry: _____

Date of entry: _____

Author of entry: _____

Corrected entry: _____

Reason for corrected entry:
(attach supporting documents) _____

3. I understand that this request and all supporting documents will be made a part of the record. I also warrant that I have truthfully represented my identity and that I am authorized to make this request, and understand that if I have misrepresented my identity or authority, that Ferris State University may seek whatever criminal and civil relief is available.

420 Oak Street
Prakken 150
Big Rapids, MI 49307-2020

Participant Signature*: _____ Date: _____

*Dependents under age 18 require a parent or legal guardian's signature

Phone: (231) 591-2150
Fax: (231) 591-2978
Web: www.ferris.edu

4. Submit this form to the Privacy Officer (PRK-150).



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Part II: To Be Completed By the Privacy Officer.

Received by: _____

Date received: _____

Extension requested: Yes: _____ No: _____

Reason for extension: _____

Date extension notice sent (attached): _____

Date granted (attached): _____

Date PHI updated: _____

Where amended
PHI was sent: _____

Date denied (attached): _____

- Reason for denial:
- PHI not created by Ferris State University
 - Not permitted by federal law (i.e., Privacy Act, psychotherapy notes)
 - PHI not a part of employee's designated record set
 - PHI is accurate and complete
 - Other:
- _____

Date Statement of Disagreement filed (attach): _____

Date Rebuttal sent (attach): _____

Comments: _____

Request processed by: _____

Federal law requires the retention of this document and all documents concerning this matter for a period of six years, beginning on the date of the final disposition of this request.

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