



REQUEST TO AMEND

Part I: To be completed by Health Plan participant, covered spouse or covered dependent

1. Please complete the following:

Name: _____

Address: _____

Phone number: _____ Date: _____

Cell phone number: _____

Email Address: _____

Relation to patient: _____

Social Security number: _____ Date of birth: _____

2. This request concerns:

___ My health information.

___ The health information of my minor child who is covered by the Health Plan.

Child's name: _____ Child's SSN: _____ Child's date of birth: _____

___ The health information of an individual who is covered by the Health Plan and for whom I am the legal guardian.

___ Copies of documents establishing my legal authority are attached.

___ Copies of documents establishing my legal authority are already on file with the Health Plan

Individual's name: _____ Individual's SSN: _____ Individual's date of birth: _____

3. 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) _____

4. 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 the University Eye Center may seek whatever criminal and civil relief is available.

Signature of participant

Date

5. Submit this form to the Privacy Officer (MCO-101F).

Part II: To Be Completed By the Privacy Officer.

Received by: _____

Date received: _____

Extension requested: Yes No

Reason for extension: _____

Date extension notice sent (attach): _____

Date granted (attach):

Date PHI updated: _____

Where amended PHI was sent:

Date denied (attached): _____

Reason for denial: PHI not created by the UEC
 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.