

Request to Amend Protected Health Information

I, _____(name), _____ (Health Plan identification number), hereby request that MEBS amend the protected health information in its designated record set.

Specific Statement of Amendment Request:

Specific Reason(s) for Amendment Request:

I understand that if the protected health information was not created by MEBS, MEBS is not required to honor my request. I must ask the originator of the incorrect information to amend the record. I also understand that if the information is not available for my inspection, it is not part of the MEBS designated record set, or is already accurate and complete, I cannot amend the information.

I understand that MEBS will respond to my request within 60 days.

Signature of Requestor

____/____/____
Date

If signed by personal representative:

Name of personal representative: _____

Relationship to participant or nature of authority: _____

Signature of Personal Representative

____/____/____
Date