



Information about Your Request to Amend Protected Health Information (PHI)

What does the right to amend PHI mean?

You or your personal representative have the right to request an amendment of your protected health information (PHI) in the designated record set maintained by Providence Health Plan (PHP)

What do I need to understand to use this right?

- Providence Health Plan (PHP) may not make changes if it did not originate with the health plan.
- PHP is not allowed to alter the original documentation in your record. Your request for amendment and any action taken on this request, will become a permanent part of your record, and will be included with any future authorized disclosures.
- If your request is granted, PHP will notify Business Associates who have your PHI that needs to be amended and have relied or may rely on it.
- If accepted or denied Providence Health Plan will provide a response in writing within 60 days or you will be informed in writing of the need for an extension of not more than 30 additional days to process the request.
- If denied, PHP will explain the reasons for the denial which may include:
 - The PHI was not created by PHP and the originator of PHI is still available to act on your request
 - The information requested is not part of a designated record set
 - The request includes psychotherapy notes or information PHP has compiled in anticipation of or for use in civil, criminal, or administrative actions or proceedings
 - The PHI or record is accurate and complete.
- If denied, you have the right to submit a written statement of disagreement, detailing the basis for it.
- Requests for amendment of your medical records should be submitted directly to your healthcare provider

How do I amend my PHI?

Enclosed is the Member Request to Amend Protected Health Information (PHI). Please complete the entire form, sign it and return it to PHP. You may send your completed form to PHP at:

Mail:	Fax:	Deliver in Person:
Providence Health Plan PO Box 4327 Portland, Oregon 97208-4327	503-574-8608	Providence Health Plan 3601 SW Murray Boulevard Beaverton, Oregon, 97005 <i>Use main entrance on SW Murray Boulevard</i>

If you have any questions or concerns, you may contact your Customer Service Team at 888-231-9287 (toll-free). If you are hearing impaired and use a Teletype (TTY) Device, please call our TTY line at 711. Customer Service representatives are available Monday through Friday, between 8 a.m. and 5 p.m.

[Non-discrimination & Communication Assistance | Providence Health Plan](#)

Sincerely,

Providence Health Plan
Enclosure

Member Request to Amend Protected Health Information (PHI)

Use this form to request an amendment of your (PHI) in the Designated Record Set that Providence Health Plan (PHP) or one of its Business Associates maintains. If you need assistance completing the form, please contact the PHP Customer Service number listed on your member identification card. You must complete all the fields on this form.

MEMBER INFORMATION		
Member Last Name	Member First Name	Middle Initial
Member Date of Birth	Member Identification Number (see member ID card)	Group Number (see member ID number)
Member Street Address	City and State	Zip Code

Describe the PHI or document you would like to have amended:

I request the following correction/amendment be made to the following document or information:

Date(s) of services associated with the PHI or document you would like to amend:

Please send a copy of the corrected/amended documents to the company or individual(s) listed below:

Person/Company: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

MEMBER APPROVAL

By: _____
Member's Signature

Date: _____

-OR-

By: _____
Member's Designated Legal Representative/Guardian Signature

Date: _____

Relationship to Member: *Parent of a Minor* **Legal Guardian* **Power of Attorney*

**If this form is signed by someone other than the member, please attach legal documentation if you are the legal guardian or holder of power of attorney.*