



Amendment Request

Purpose: This form is used for a participant's request to amend protected health information or records in our designated record sets or the designated record sets of our business associates.

SECTION A: Participant requesting records amendment.

Name: _____

Address: _____

Telephone: _____ E-mail: _____

Group Number: _____ Social Security Number: _____

SECTION B: To the Participant — Please read the following and complete the information requested.

Return to: AmeriHealth Administrators • 720 Blair Mill Road • Horsham, PA 19044 • c/o Privacy Official

You have the right to request that we amend your protected health information in designated record sets we or our business associates maintain. We may decline your request if the information is not part of these designated record sets, we did not create the information, we believe the information is complete and accurate, or the information is psychotherapy notes, compiled in anticipation of or for use in any civil, criminal, or administrative action or proceeding, or not subject to disclosure to you under the Clinical Laboratory Improvements Amendments of 1988 (42 U.S.C. § 263a). To exercise your right of request amendment, please complete this Section B.

Please specify the records you wish to amend and the amendments you wish to make:

Please state the reasons for the amendments: _____

Please list the name and address of each person who you want us to notify of the amendment should we agree to make the amendment you request. You must provide us with a signed authorization for us to notify these persons. We can supply you with the appropriate authorization form.

_____	_____
_____	_____
_____	_____

Signature _____ Date: _____

If this request is by a personal representative on behalf of the participant, complete the following:

Personal Representative's Name: _____

Relationship to Participant: _____

PLEASE KEEP A COPY OF THIS REQUEST.

SECTION C: Notice to Amend Record — To be completed by Privacy Official.

On ___/___/___, we received notice from the following covered entity to amend records (attach the notice):

The records to be amended are:

On ___/___/___, the Privacy Official notified the following AmeriHealth Administrators units and business associates to amend their designated record sets in accordance with the amendment notice received from the covered entity:

SECTION D: Amendment Request Processing — To be completed by Privacy Official.

We must respond to a participant’s amendment request within 60 days.

Date amendment request received: ___/___/___

Date transmitted to Privacy Official: ___/___/___

Extension of response date:

We may take one 30 day extension of our response date by notifying the requester within the original 60 day response period of the reason for the extension and the date on which we will provide our response.

Extension notice sent on: ___/___/___

Response date promised in extension notice: ___/___/___

Reason given for extension: _____

SECTION E: Response to Amendment Request — To be completed by Privacy Official.

- Amendment denied on ___/___/___ by transmittal of Denial of Amendment to Records to the participant.
- Participant requested on ___/___/___ that the amendment request and our denial be included in future disclosures of the record. Notify AmeriHealth Administrators units and business associates listed below to append or link the amendment request and our denial, and any accurate summary of them that the Privacy Official prepared, to the record for inclusion with future disclosures.
- Participant submitted written disagreement on ___/___/___. Attach written disagreement and notify AmeriHealth Administrators units and business associates listed below to append or link the written disagreement, and any accurate summary of it that the Privacy Official prepared, to the record for inclusion with future disclosures.
- AmeriHealth Administrators prepared rebuttal to participant’s written disagreement and sent it to the participant on ___/___/___. Attach rebuttal and notify AmeriHealth Administrators units and business associates listed below to append or link the rebuttal, and any accurate summary that the Privacy Official prepared of the participant’s written disagreement and the rebuttal, to the record for inclusion with future disclosures.
- Participant lodged a complaint on ___/___/___ for nature of complaint and its disposition.
- Amendment granted on ___/___/___ by transmittal of Grant of Amendment to Records to the participant.
- Notify AmeriHealth Administrators, business associates, persons the participant designated for notice by authorization, and others who have the records and may rely on them to the participant’s detriment as listed below to amend the records.

AmeriHealth Administrators units, business associates, and others to be notified of the grant or denial of the request to amend:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I attest that the above information is correct.

Signature: _____ Date: _____

Print name: _____ Title: _____



To: _____

Enclosed is the form you have requested. Please complete and return all pages of the form to our attention:

AmeriHealth Administrators
720 Blair Mill Road
Horsham, PA 19044
Attn: Privacy Official

- Only fully completed forms will be accepted.
- Forms must be typed or legibly written.
- Forms must be signed and dated.

We will begin to process your request on the day it is received. If your request is denied for any reason, you will receive an explanation of the denial.