blue of california

REQUEST FOR AMENDMENT OF PROTECTED HEALTH INFORMATION

Use this form to request amendment of your protected health information ("PHI") or a record about you that Blue Shield of California maintains in a Designated Record Set.

A **Designated Record Set** is a group of records maintained by or for Blue Shield of California, including enrollment, payment, claims adjudication, case or medical management records or other information we use to make decisions about you.

We may decline your Amendment Request for certain reasons, including, for example, that the information is not part of a Designated Record Set, we did not create the information, or we believe that the information is complete and accurate. We will notify you in writing as to whether your request has been granted or denied.

Please note that we do not maintain medical records. You should contact your healthcare provider or facility to request amendments to your medical records.

Individual Requesting Amendment:

Name: _____ Subscriber ID Number: _____

Address: _____

Phone Number: _____ Date of Birth: _____

Please specify the records you wish to amend and the amendment(s) you wish to make:

_____

_____

Please state the reason(s) for the requested amendment(s):

_____

_____

Signature of Individual or Personal Representative:

_____ Date: _____

If this form is signed by someone other than the individual or the parent of a minor child, such as a personal/legal representative or guardian, you must **submit documentation** showing your right to act for or on behalf of the individual with respect to their healthcare/PHI such as a valid HIPAA authorization, healthcare power of attorney, or guardianship papers. **Please also provide the following information:**

Representative's name, address and relationship to the individual for whom this request is being made (print): _____

_____

Return the completed and signed request to:
Blue Shield of California Privacy Office PO Box 272540, Chico, CA 95927-2540