



Request for Amendment of Protected Health Information

You have the right to amend (change) your Protected Health Information (PHI). The Health Insurance Portability and Accountability Act of 1996 (HIPAA) gives you this right. We will review your request. We will change or add your information as you asked or explain why we will not be able to do so.

PLEASE PRINT:

Member Name: _____ Date of Birth: _____

Address: _____

Member ID# _____ Phone: _____

I want to request an amendment to my PHI.

What is wrong or missing from the Individual's PHI? Please write down what it should say.

Do you need us to send the new information to anyone? Yes No

If **yes**, please tell us their names and addresses (attach additional pages if needed):

Name: _____

Address: _____

Signature of Individual or Individual's Personal Representative

Date

Printed Name of Individual's Personal Representative, if applicable

Relationship to Individual or Personal Representative's Authority to act for the Individual, if applicable

For Molina Healthcare use only:

Date Amendment Request received: _____ Amendment Status: Accepted Denied

If Amendment Request is denied, check reason for denial:

- The Protected Health Information was not created by Molina Healthcare
- The Protected Health Information is not part of the member's health record
- The Protected Health Information is accurate and complete
- The Protected Health Information is not available to the member for inspection as required by law (e.g., psychotherapy notes)

Name and Title of Staff Member: _____