

Information About Your Request to Correct Your Protected Health Information (PHI)

What does the right to correct PHI mean?

If you feel that the Protected Health Information we have about you in our designated record set is not correct, you may ask us to change the information. The *designated record set* includes any records used to make decisions about you as a member. This set might include records about enrollment, claims, plan case management, medical management, or pharmacy information.

What do I need to understand to use this right?

We cannot change your information if:

- It was not created by Community Health Plan.
- It is not part of the designated record set.
- It is already correct or complete.

Community Health Plan will respond to this request within 60 days. If the Plan cannot respond within 60 days, we will send you a written notice that it will take longer.

How much will this cost me?

There is no fee to correct your health information.

How do I make a request?

Complete and print the attached form, then mail it to the address printed at the end of the form.

How will I know if my request is processed?

We will send a letter to the address you write on the form.

If we deny your request, you can send us a letter telling us that you disagree with our decision. We will include your letter whenever we share the information you asked us to change.

How can I get a full notice of my privacy rights?

A full notice of your privacy rights is posted to the Community Health Plan web site at:

<http://www.chpw.org/docs/member/PrivacyPolicy.pdf>

You may also request a copy by calling the Community Health Plan customer service team at 1-800-440-1561. If you are hearing or speech-impaired, please call TTY 1-866-816-2479 (toll free).

REQUEST TO CORRECT PROTECTED HEALTH INFORMATION



COMMUNITY HEALTH PLAN
of Washington

Section A: Member Information

Member Name: _____ Date of Birth: _____

Member ID #: _____ Date of Request: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Choose One:

- OK to leave message with detailed information Leave message with call back number only

Section B: Important Information – Designated Record Set

Request to Correct Protected Health Information

I request to correct protected health information (PHI) about me in a “designated record set” held by Community Health Plan in accordance with the Health Insurance Portability and Accountability Act of 1996, as amended (HIPAA).

A *designated record set* includes information that Community Health Plan uses to make decisions about you. This set might include records about enrollment, claims, plan case management, medical management, or pharmacy information.

Section C: Details of the Request

Please describe the change you want. Include as much detail as possible about the record type you want changed, the location, and the dates associated with the record. State exactly how you want your record changed.

Section D: Reason for the Request

Please describe the problem with your current record.

What is wrong with the information?

Section E: Notification of Relevant Persons

Provide the name and address of each person or business that needs to get a copy of your corrected protected health information. If your request is approved, Community Health Plan will give a copy of your corrected protected health information to the persons and businesses you list.

Section F: Signature and Date

Member or Representative Name: _____

Member or Representative Signature: _____

Date Signed: _____

Please complete the form and return a copy to:

Community Health Plan
Attention: Privacy Officer
720 Olive Way, Suite 300
Seattle, WA 98101

Please type or print neatly. We will not process incomplete or illegible forms.