

## Request for Amendment of Protected Health Information— Health Plan

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NOTICE TO MEMBER: Your request for an amendment to your protected health information maintained in the designated record set is applicable **only** to the information maintained by the Cameron University Health Plan. If you would like to request amendments to your protected health information maintained by any other University entity, a separate request must be submitted to that University entity.

Member Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Member ID #: \_\_\_\_\_

Member  
Address:

Street Apt # City State Zip

Address where you want the response to this request sent:

Street City State Zip

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### REQUESTED AMENDMENT:

Date of the record or information you would like amended:

Describe the information you would like amended:

State the specific reason for requested amendment:

I request the amendment described above be made to the protected health information in my designated record set maintained or created by the Cameron University Health Plan.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title, if legal representative

\*May be requested to submit evidence of representative status.

**Request APPROVED**

**Your request for amendment is approved. Please complete the attached form, Protected Health Information Amendment - Notification Form, to identify any persons or entities that need to be notified of the amendment to your protected health information and return the form to us.**