



Dear Member,

Inside is a Request for Amendment of Protected Health Info (PHI) form. You have asked for this form or someone has asked for it on your behalf. This form lets you ask us to change your PHI we keep if there is a mistake. Below are steps to each section on the form. You can use this as a checklist.

- SECTION 1:** Your info
- SECTION 2:** Records you want to amend
- SECTION 3:** Changes to be made
- SECTION 4:** Reason for amendment
- SECTION 5:** Who we should notify
- SECTION 6:** Sign and date
- SECTION 7:** Return the form

- ✓ All sections must be filled out or the form will not be processed
- ✓ This form does not take effect until Meridian receives it
- ✓ A response approving or denying your request will be sent to you within 30 days of us receiving this completed form
- ✓ We will either approve or deny your request. You may have a right to a review of our denial if your request is denied for a reason other than this form not being filled out. We will give you steps for this second review if needed

Please call Member Services at **888-437-0606** or email **privacy.mi@mhplan.com** if you have questions or need help filling out this form.

www.mimeridian.com

1-888-437-0606 (TTY: 711)

CAD_94115E_State Approved 01132022

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Request For Amendment of PHI

This form allows you to request an amendment to your protected health information Meridian maintains. Your request may be declined if the PHI or record(s) that you request to be amended was not created by Meridian, if the PHI or record(s) you request to be amended is complete and accurate or if the PHI or record you request to be amended is not included in the designated record set.

SECTION 1: YOUR INFO

Name (First and Last): _____ Date of Birth (mm/dd/yyyy): _____

Member ID#: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

SECTION 2: RECORDS YOU WANT TO AMEND

Describe the PHI or which records you want to be amended:

SECTION 3: CHANGES TO BE MADE

Describe the changes to be made:

SECTION 4: REASON FOR AMENDMENT

State the reasons for these changes:

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SECTION 5: WHO WE SHOULD NOTIFY

Name (First and Last): _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

SECTION 6: SIGN AND DATE

Who is signing?

Member listed above Parent of minor member listed above Someone other than member*

Signature: _____ Date: _____

Name (printed): _____

Description of authority to act on behalf of the member (e.g. guardianship, durable power of attorney, court order, parent of minor child, etc.): _____

You must attach the legal records shown above that name you as the representative of this member. There will be delays in this request if you do not give us this info.

SECTION 7: RETURN THE FORM

Send us a copy of this form by choosing one of the following:



Fax this form to **313-294-5573**



Email this form to **privacy.mi@mhplan.com**



Send this form by mail to the address below: **Meridian**

**Attn: Privacy Officer
1 Campus Martius, Suite 700
Detroit, MI 48226**