CareFirst Community Health Plan Maryland

Request to Amend or Change Protected Health Information (PHI)

Please complete this form ONLY if you would like to make a request to amend or otherwise change your protected health information.

1. REQUESTING AN AMENDEMENT TO PHI

I hereby request to amend Protected Health Information maintained by the CareFirst BlueCross BlueShield Community Health Plan Maryland (CareFirst CHPMD).

MEMBER NAME: _____ **DATE OF BIRTH:** _____

ADDRESS: _____

TELEPHONE: _____ **MEMBER ID NO.:** _____

*** NAME OF PERSON COMPLETING THIS FORM IF DIFFERENT FROM MEMBER:**

_____ _____

Name *Relationship to Member*

** Must be parent of a minor, legal guardian, or authorized HIPAA Appointee of the Member.*

2. INFORMATION TO BE AMENDED:

Please provide the reason for why you are requesting an amendment or change to your PHI:

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Please provide a written description of what PHI you wish to amend or change:

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3. RIGHTS CONCERNING AN AMENDMENT TO PHI:

a. You have the right to request that CareFirst CHPMD amend or change your PHI in the records that we keep on your behalf;

b. CareFirst CHPMD reserves the right to deny your request- in whole or in part- if: we were not responsible for the creation of the PHI or medical record; and/or we believe the information is complete and accurate.

I understand that I may be charged a reasonable fee for copying the requested records and mailing the records (if requested). I further understand that CareFirst CHPMD may or may not honor my request to amend or change the requested PHI.

*Signed: _____ Date: _____
Signature of Member

*Signature must be that of the Member, authorized parent of a minor, legal guardian, or authorized HIPAA appointee of the member

Send your request to this address so that we can process it timely. Requests sent to persons, offices or addresses other than the address listed above might be delayed.

Director of Compliance
1966 Greenspring Drive, Suite 100
Timonium, MD 21093

You may call us toll free at 410-779-9369 or 1-800-730-8530. TTY users call 711.