

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

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## 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 it. The *designated record set* includes records used to make decisions about you as a member. It might also include records about enrollment, claims, plan case management, medical management, or pharmacy information.

## What do I need to know to use this right?

We cannot change your information if:

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

Community Health Plan of Washington will respond to your request within 60 days. If we cannot respond within 60 days, we will send you a written notice. The notice will tell you why there is a delay and the date we will act on your request.

## How much will this cost?

There is no fee to correct your health information.

## How do I make a request?

Fill out and print the attached form. Then mail it to the address 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.

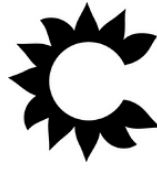
If we deny your request, you can send us a letter telling us that you disagree with our decision. We will include your letter whenever we share the information you asked us to change.

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

A full notice of your privacy rights is on the Community Health Plan of Washington's web site at: <http://chpw.org/for-members/your-privacy-and-rights/>.

You can also get a copy by calling Community Health Plan of Washington's Customer Service department at 1-800-440-1561. If you are hearing or speech-impaired, please call TTY 7-1-1 (toll free).

# REQUEST TO CORRECT PROTECTED HEALTH INFORMATION (PHI)



**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 of Washington in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

A *designated record set* includes records Community Health Plan of Washington 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 of Washington 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 of Washington  
Attention: Compliance, Privacy and Security Officer  
1111 Third Avenue, Suite 400  
Seattle, WA 98101  
Fax: (206) 521-8834  
Email: [compliance.officer@chpw.org](mailto:compliance.officer@chpw.org)

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