

Member Request to Amend Protected Health Information (PHI)

Date of Request: _____

Member Name: _____

Date of Birth: _____

Member CIN: _____

Telephone Number: _____

Please tell us what Protected Health Information (PHI) or record you would like CalOptima to change:

Please tell us why you would like this change. You must give a reason:

NOTIFICATION:

CalOptima must notify you within 60 calendar days if the changes were made as you requested or tell you that more time is needed (up to 30 calendar extra days) to decide. Please tell us where to send you a letter:

Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

If CalOptima decides to change the record as you requested, the change will be sent to any person who received the information before it was changed. Please tell us if there are any such persons who need the changed information.

No

Yes Please list the person's names and addresses:

We will also send the change to other persons that we know received the information before it was changed if they relied, or might in the future rely, on the information. Do you agree to this?

No

Yes

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RESTRICTIONS:

CalOptima does not have to change your record if:

- CalOptima did not create the information.
- The information in the record is accurate and complete.
- You do not have the legal right to access the Protected Health Information (PHI) you want changed.
- The Protected Health Information (PHI) you want changed is not part of the information kept by CalOptima (Member Designated Record Set; this includes enrollment information, billing records and records containing your Protected Health Information (PHI) that are used by us to make decisions about you.).

YOUR RIGHTS:

To learn more about your privacy rights, please refer to your copy of the CalOptima Notice of Privacy Practices. It is also be found on our website: www.caloptima.org, or you can call the CalOptima’s Customer Service Department at **1-714-246-8500** or toll-free at **1-888-587-8088**, Monday through Friday from 8 a.m. to 5:30 p.m. Members with hearing or speech impairments can call our TDD/TTY line at **1-714-246-8523** or toll-free at **1-800-735-2929**. We have staff who can speak your language.

If you believe your privacy rights have been violated, you may file a complaint with CalOptima by calling **1-714-246-8500**.

CalOptima cannot take away your health care benefits or do anything to hurt you in any way if you choose to file a complaint or use any of the privacy rights.

SIGNATURE:

Member Signature: _____

If Authorized Representative (please include appropriate documentation):

Print Name: _____ Relationship to Member: _____

SUBMIT TO CALOPTIMA:

Return this completed form to:

CalOptima Privacy Officer
505 City Parkway West
Orange, CA 92868
Fax: 714-338-3166