SummaCare

REQUEST FOR AMENDMENT OF PROTECTED HEALTH INFORMATION

You have the right to request that SummaCare make corrections or amendments to the protected health information we retain on your behalf if you believe something in that information is in error or needs to be amended. We are not always required to make the corrections or amendments you request but each request will be carefully reviewed. You will be notified when your request has been approved or denied and the reason for the denial.

What type of record do you want to amend? (Ex. Request for pre-authorization, enrollment form, etc.)

_____

What is the date of the record you want to amend? _____

Describe the information that you would like to amend. _____

_____

_____

_____

_____

Please print the following information:

Member name: _____ Date of birth: _____

Member ID: _____ Daytime Phone: _____

Address:

_____

Alternative Phone: _____

Member Signature:_____ Date: _____

Legal Representative Signature*: _____ Date: _____

Relationship to Member: _____

***If you are a legal representative of the member, you must attach copies of your authorization as required by state law to represent the member – for example, healthcare power of attorney or guardianship papers.**

Please mail this form to SummaCare
Attention: Privacy Officer
P.O. Box 3620
Akron, Ohio 44309

FOR SUMMACARE USE ONLY	
Person Reviewing: _____	**Date Reviewed:** _____
Disposition of request: _____	**Date Notice sent to Member:** _____
Date of Member's rescission of Restriction:	**Member has rescinded orally or in writing:**