



AMENDMENT REQUEST

Section I: Individual requesting amendment

Name:	ID Number:
Address:	City, State, Zip:
Telephone:	Email:
Date of Birth:	

Section II: Please read the following

You have the right to request Farm Bureau Health Plans amend your protected health information in a designated record set that we maintain if that information is inaccurate or incomplete. If your request is accepted, we will make reasonable efforts to provide the amendment to persons that you have identified to receive notice of the amendment.

Farm Bureau Health Plans may deny your amendment request if it is determined that the information was not created by us, is not part of our designated records set, a licensed Health Care professional has determined that inspection is reasonably likely to endanger the life or physical safety of the individual or another person, the information is about another person and inspection is reasonably likely to cause substantial harm to that person, the request is made by the individual’s Personal Representative and Farm Bureau Health Plans determines that provision of access to the Personal Representative is likely to cause harm to the individual or another person, the request is to inspect or copy Psychotherapy Notes, the request is for information compiled in reasonable anticipation of a civil, criminal or administrative proceeding, the request is for information maintained by Farm Bureau Health Plans that is (a) subject to the Clinical Laboratory Improvements Amendments of 1988 (“CLIA”) if access would be prohibited by CLIA or (b) exempt from CLIA, Farm Bureau Health Plans is acting under the direction of a correctional institution and providing access would jeopardize the health, safety, security, custody, or rehabilitation of the individual or of other inmates, or the safety of any officer, employee, or other person working at or on behalf of the correctional institution, the request is made during the duration of a research trial and the request is for information created or obtained in the course of research that includes treatment and the individual consented to a denial of access when consenting to participate, the request is for information contained in records subject to federal privacy laws and denial would be appropriate under the law, the request is for information that was obtained under a promise of confidentiality and inspection is likely to reveal the source, or the information is accurate and complete without an amendment.

To request an amendment to your protected health information, please complete Section II, and sign and date Section III.

Specify the records you wish to amend and the amendments you wish to make:

State the reason(s) for the amendment(s):

List the name and address of each recipient you wish to notify of the amendment(s) should Farm Bureau Health Plans accept your amendment request. In addition to the completion of this form, you must provide us with a signed HIPAA Authorization form to notify these persons.

Name:	Address:
Name:	Address:
Name:	Address:

Section III: Individual’s Signature

Signature of Individual: _____ Date: _____

If this request is by a Personal Representative on behalf of the individual, complete the following:

Personal Representative’s Name: _____

Relationship to Individual: _____

FOR FBHP USE ONLY – FORWARD TO PRIVACY OFFICE	
Date Request Received: _____	Amendment Request: <input type="checkbox"/> Accepted <input type="checkbox"/> Denied
Reason for Denial: <input type="checkbox"/> PHI is not part of the individual’s designated record set	
<input type="checkbox"/> FBHP did not create record	
<input type="checkbox"/> Record is not available to the individual for inspection under Federal law	
<input type="checkbox"/> Record is accurate and complete	
Comments of FBHP (if applicable): _____	

_____	_____
Signature of FBHP Privacy Office Representative	Date

YOU ARE ENTITLED TO A COPY OF THIS REQUEST

Return completed form to: Farm Bureau Health Plans, Privacy Office, P.O. Box 313, Columbia, TN 38402-0313 or email to privacyforms@fbhp.com