

Request to Amend or Change PHI

The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) Privacy Rule gives Individuals* the right to change (amend) their Protected Health Information (“PHI”) or a record about the Individual in a designed record set (DRS) if they believe that it’s incorrect or incomplete. UNITE HERE HEALTH (UHH) may deny an Individual’s request if the PHI or record:

- Was not created by UHH (with limited exceptions), is not part of the Individual’s DRS or is not subject to inspection
- Is accurate and complete

UHH will notify the Individual (usually within 60 days) if the PHI or record has been corrected or if the request has been denied. If the request is denied, Individuals may file a statement of disagreement.

To request an amendment to your PHI, please complete and send this form as follows:

In person:

Hand in at any UHH office (see www.UHH.org for your local office address)

By mail to:

UNITE HERE HEALTH
 Attn: HIPAA Privacy Officer
 711 North Commons Dr.
 Aurora, IL 60504

By fax to: (630) 236-5286

By email to:

HIPAA@uhh.org

Please note: If you choose to email personal information to UHH, we cannot ensure it will remain private or secure until it is received.

For help:

Call: (630) 236-5100 and ask for the HIPAA Privacy Officer

Section A: Individual’s Information

Individual’s name:

Street address:

City, state and zip:

Phone number: ()

Date of birth: _____ / _____ / _____

Member ID or last four digits of Member’s Social Security number:

Relationship to Participant:

*The Individual is the UHH member or dependent who is the subject of the PHI.

Section B: Participant’s Information (this section is required if different from Individual)

Participant’s name:

Date of birth: _____ / _____ / _____

