



Amendment request for personal information

Member ID number: _____ Member name: _____

Member address: _____

Member telephone: _____ - _____ - _____ Member date of birth: ____/____/____

On ____/____/____ you contacted Fallon Health Weinberg to request an amendment to your following personal information:

Type of record you want to amend (e.g., claim, case management notes):

Reason for add/change in the record:

Dates of record to amend:

Do you know of anyone who may have received or relied on the information in question (such as your doctor, pharmacist or health care provider)?

Yes No

Information you would like to add/change in the record:

If yes, please specify the name(s) and address(es) of the organization(s) or individual:

I understand that Fallon Health Weinberg may or may not supplement the medical record with an addendum based on my request, and, under no circumstance, is able to alter the original documentation of the medical record. This request for an addendum may be made part of my permanent record and will be sent to individuals/organizations identified as having relied on the content of my record.

Member (or personal representative) signature: _____

Relationship to member (if personal representative): _____

Print name: _____ Date: _____

Mail completed form to:

Fallon Health Weinberg
461 John James Audubon Pkwy.
Amherst, NY 14228

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Amendment has been: Accepted Denied

If denied, check the reason for denial:

- PHI not created by Fallon Health Weinberg.
- PHI not part of the member's DRS.
- Federal law does not require the PHI be made available for member inspection (e.g., psychotherapy notes).
- PHI is accurate and complete.
- Fallon Health Weinberg cannot comply because we are not the originator, and the requestor cannot show that the originator is not available:

Privacy office must review all denials.

Reviewed

Privacy office signature: _____