

Member Name: _____

Planholder SSN: _____ Date: _____

Member Relationship to Planholder _____



Request to Amend Your Protected Health Information

I. Your Protected Health Information

The Kentucky Employees' Health Plan ("KEHP") collects and maintains protected health information ("PHI") that includes personal identifiers, enrollment, eligibility, and dependent and qualifying event information. KEHP utilizes a third-party claims administrator and a pharmacy benefits manager, referred to as "Business Associates," to carry out certain functions for KEHP. Because of their administrative responsibilities, these Business Associates create, receive, maintain, and transmit PHI on behalf of KEHP. Like KEHP, the Business Associates are responsible for ensuring the protection of your health information.

Pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), KEHP and its Business Associates may use and disclose your PHI for treatment, payment, or health care operations including, but not limited to, claims processing, billing, case management, provider credentialing, and utilization review. Other uses and disclosures permitted or required by HIPAA are outlined in KEHP's Notice of Privacy Practices.

II. Your Rights

You have the right to request that KEHP amend your PHI or a record about you in a designated record set for as long as the PHI is maintained in the designated record set. A "designated record set" means a group of records maintained by or for KEHP that is (1) the medical records and billing records about you maintained by or for a covered health care provider; (2) the enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for KEHP; or (3) used, in whole or in part, by or for KEHP to make decisions about you. A "record" means any item, collection, or grouping of information that includes PHI and is maintained, collected, used, or disseminated by or for KEHP.

KEHP may deny your request for amendment if KEHP determines that the PHI or record that is the subject of the request (1) was not created by KEHP, unless you provide a reasonable basis to believe that the originator of PHI is no longer available to act on the requested amendment; (2) is not a part of the designated record set; (3) would not be available for inspection under HIPAA; or (4) is accurate and complete.

III. Request to Amend Your PHI

I hereby request to amend PHI about me held by KEHP in a designated record set.

- (a) Identify the PHI that you are requesting to be amended:

- (b) Specifically describe how you want your PHI to be amended:

- (c) Provide a reason for your request to amend your PHI:

Member Name: _____
Planholder SSN: _____ **Date:** _____
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(d) By signing below you agree that KEHP can notify relevant persons with which the amendment needs to be shared including persons identified by you as having received PHI about you and needing the amendment and persons, including business associates, that KEHP knows have the PHI that is the subject of the amendment and that may have relied, or could foreseeably rely, on such information to your detriment. Identify any relevant persons with whom you would like KEHP to share the amendment to your PHI:

IV. Signature of Member or Member’s Personal Representative *(Form MUST be completed before signing.)*

By signing below, I am indicating that I understand my rights regarding my request to amend my PHI and my complaint and review rights outlined in Section VI. below.

Printed Name of Member

Printed Name of Member’s Personal Representative
(If Applicable)

Signature of Member or
Member’s Personal Representative

If a Personal Representative – Describe Relationship
to Member. Include authority/documentation proving
status as a Personal Representative.

Date: _____

Remit Form To: Sharron S. Burton, Privacy Officer
Office of Legal Services
Personnel Cabinet
501 High Street, 3rd Floor
Frankfort, KY 40601
Fax: (502) 564-7603
Sharron.Burton@ky.gov

V. KEHP Response to Your Request to Amend Your PHI

KEHP must act on your request for an amendment no later than 60 days after receipt of such a request. If KEHP is unable to act on the amendment within 60 days after receipt of your request, KEHP may extend the time for such action by no more than 30 days. If a 30-day extension is required, KEHP will inform you, in writing, of the reasons for the delay and the date by which KEHP will complete its action on the request.

In response to your request for an amendment, KEHP:

- Agrees to make the amendment as requested.
 - KEHP will make the appropriate amendment to the PHI or record that is the subject of the request for amendment by, at a minimum, identifying the records in the designated record set that are affected by the amendment and appending or otherwise providing a link to the location of the amendment.
 - This constitutes notice that the amendment is accepted and KEHP will notify relevant persons of the amendment.

Denies, in part, the requested amendment. The basis for the denial, in part, is as follows:

Denies, in whole, the requested amendment. The basis for the denial, in whole, is as follows:

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VI. Review of Amendment Denials and Complaint Filing Procedures

If KEHP denies the requested amendment, in whole or in part, you have the right to submit a written statement disagreeing with the denial. Your written statement must be no longer than two pages, 8.5” x 11”, 12 point font and must be remitted to the Privacy Officer at the address listed above. If you submit a statement of disagreement, KEHP may prepare a written rebuttal with the same page and font limitations as your statement of disagreement. If you do not submit a statement of disagreement, you may request, in writing, that KEHP provide your request for amendment and the denial with any future disclosures of the PHI that is the subject of the amendment.

You have a right to complain to the Privacy Officer or to the Secretary of the U.S. Department of Health and Human Services (“HHS”). The complaint must (1) be in writing (either on paper or electronic); (2) name the person that is the subject of the complaint and describe the acts or omissions believed to be in violation of the applicable administrative simplification provisions of HIPAA; and (3) be filed within 180 days of when the complainant knew or should have known that the act or omission complained of occurred, unless this time limit is waived by the Secretary for good cause shown.

If you are submitting a complaint to the Privacy Officer, your complaint must be delivered to the attention of the Privacy Officer at the address listed above. If you are submitting a complaint to the Secretary, you should follow the complaint filing instructions on the HHS website at www.hhs.gov.

Signature of KEHP Privacy Officer

Date Received: _____

Date Amendment Completed: _____
(If applicable)

Date Copy Mailed to Member: _____