



Laborers Health and Welfare Trust Fund for Northern California
220 Campus Lane, Fairfield, CA 94534-1498 • Telephone: (707) 864-2800 • Toll Free: 1-(800) 244-4530

(47)

Request for Amendment of Protected Health Information (PHI)

*Participant Name: _____ Date of Birth: _____

Address: _____ Telephone: _____

Participant Social Security Number: _____

**Attach identification documents to this request.*

I hereby request an amendment to the Protected Health Information maintained by the Laborers Health and Welfare Trust Fund for Northern California, Health & Welfare Plans and contained in the following Designated Record Set:

- | | |
|--|--|
| <input type="checkbox"/> Enrollment Records | <input type="checkbox"/> Payment Records |
| <input type="checkbox"/> Claims Adjudication Records | <input type="checkbox"/> Case Management Records |

Date of entry to be amended:

Date: _____ Date: _____

Type of entry to be amended:

Entry: _____ Entry: _____

Please explain how the entry is incorrect or incomplete. Please indicate what the entry should state in order to be accurate or complete.

Please indicate if the amendment should be sent to anyone to whom we may have disclosed Protected Health Information in the past. Please include the name and address of the organization or Individual.

I understand that the HIPAA Compliance Director of the Laborers Funds Administrative Office of Northern California, Inc., or his or her designee, will review this request, and that he or she has the right under the law to deny this request if:

- (i) the information was not created by the Laborers Health and Welfare Trust Fund for Northern California, Health & Welfare Plans (unless I provide proof that the creator of the information is not available to respond to a request for amendment);
- (ii) the information is not a part of one of the above Designated Record Sets;
- (iii) the information is accurate and complete;
- (iv) the information is not subject to inspection and copying under Section 164.524 of the Regulations for one of the following reasons:
 - the information is Psychotherapy Notes;
 - the information was compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding;
 - the information is:
 - (A) Subject to the Clinical Laboratory Improvements Amendments of 1988, 42 U.S.C. 263a, to the extent the provision of access to the Individual would be prohibited by law; or
 - (B) Exempt from the Clinical Laboratory Improvements Amendments of 1988, pursuant to 42 CFR 493.3(a)(2);
- the information is contained in records that are subject to the Privacy Act, 5 U.S.C. § 552a, if the denial of access under the Privacy Act would meet the requirements of that law;
- the Protected Health Information was obtained from someone other than a health care provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information;
- a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of the Individual or another person;
- the Protected Health Information makes reference to another person (unless such other person is a health care provider) and a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to such other person; or
- the request for access is made by the Individual's personal representative and a licensed health care professional has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to the Individual or another person.

I understand that if my request is approved, the relevant Protected Health Information maintained by the Laborers Health and Welfare Trust Fund for Northern California, Health & Welfare Plans will be amended, and I will be informed of the approval and amendment, within 60 days of my request. In addition, within a reasonable time after that, the Health Plans will inform others who maintain the information who 1) are identified by me in this request, or 2) may have relied on the information in the past or may rely on the information in the future.

I understand that if the HIPAA Compliance Director or his or her designee is unable to act on your request within 60 days, he or she may extend the time for response by 30 additional days. In order to obtain this one-time extension, the HIPAA Compliance Director or his or her designee must inform me in writing of the reason for the delay and the expected date of response within 60 days of my request.

I understand that if my request is denied, the HIPAA Compliance Director or his or her designee must send me a written explanation of the denial within 60 days of my request. This written explanation must include a statement of my right to submit a written statement disagreeing with the denial, and my right to request that my request for the amendment and the denial be included with any future disclosures of the information. In addition, this written explanation must include information about how to make an official complaint to the Plan or to the Secretary of the Department of Health and Human Services.

I understand that if I submit a written statement of disagreement, the Health Plan may prepare a written rebuttal. If the Health Plan prepares a written rebuttal, it will send me a copy of the rebuttal.

Signed: _____ Date: _____
Signature of Participant

Comments of HIPAA Compliance Director or designee:

Signed: _____ Date: _____
Signature of HIPAA Compliance Director or designee