

Ohio Department of Medicaid
**REQUEST FOR AMENDMENT TO
 PROTECTED HEALTH INFORMATION (PHI)**

FOR STATE USE ONLY
Tracking #
Date Received Approved / Denied By And Date

SECTION A:

Name	Address
Billing Number	
Social Security Number <i>(Optional, if billing number is unknown.)</i>	

I, _____ hereby request to amend the Protected Health Information (PHI) held by
(Name of individual)
 _____ This amendment applies to the following PHI: _____
(Name of covered entity, such as "ODM")

Reason for Request: _____

If additional space is needed, please use the reverse side or attach additional pages.
ATTACH ANY SUPPORTING DOCUMENTATION TO THIS REQUEST. DO NOT SEND ORIGINAL DOCUMENTS.

SECTION B:

Signature of Individual or Authorized Representative	Print Name of Individual
Representative's Legal Authority to Individual	Print Name of Authorized Representative
Today's Date	

Distribution: Send completed form to the Ohio Department of Medicaid, Attn: Health Information Privacy Official, P.O. Box 182709 Columbus, Ohio 43218 – 2709.

INSTRUCTIONS

Section A

- 1) "Name," "Address," and "Billing Number" of the individual for whom the amendment of PHI is requested. If the form is being completed by an authorized representative or other legal authority, enter the name and address of the authorized representative or legal authority and enter the billing number of the individual whose PHI is being amended. If the billing number is not known, enter the "Social Security Number" of the individual whose PHI is being amended.
- 2) "Name of individual" is the individual for whom the amendment of PHI is requested.
- 3) "Name of covered entity, such as ODM," is the agency or organization who has the individual's PHI.
- 4) "Amendment applies to the following PHI": describe what PHI you are requesting be amended.
- 5) "Reason for Request": describe the reason(s) for this request.

Section B

The individual who is requesting the PHI amendment should sign and date the form. However, if the individual is not able to sign the form, the individual's authorized representative should sign and date it. If the form is signed by an authorized representative, the representative's legal authority to act on the part of the individual must be indicated. Legal authority includes but is not limited to a parent who signs the form for a minor child or an individual who has power of attorney over the affairs of the individual for which the PHI amendment is requested.