

Complete and return this form to request correction or "amendment" of information you believe to be incorrect or incomplete in records maintained by Presbyterian Healthcare Services, Presbyterian Health Plan, Inc., or Presbyterian Insurance Company, Inc. ("Presbyterian").

**Patient/Member Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Which Presbyterian entity has the incorrect or incomplete information or record(s)?**

- Presbyterian Healthcare Services Facility: \_\_\_\_\_
- Presbyterian Health Plan, Inc.
- Presbyterian Insurance Company, Inc.

**What information or record(s) is incorrect or incomplete? (Attach additional sheets if necessary)**

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**How should the information or record(s) be changed to be more accurate or complete?**

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I understand that if my request is approved, the Presbyterian entity I indicated above is required to provide the amendment to its Business Associates or others that it determines needs the amendment.

I further understand that if my request is approved, the amendment will be provided to any other person or organization I identify as needing the amendment pursuant to a valid written authorization for such release.

I understand that a request to amend information or record(s) that the Presbyterian entity indicated above did not create, will be denied unless I provide reasonable evidence that the originator of the information or record(s) is no longer available to act on my request.

**I am the Patient/Member or I am legally authorized as the Patient's/Member's representative to execute this form on behalf of Patient/Member and accept these terms.**

\_\_\_\_\_  
Signature of Patient/Member or Legally Authorized Representative

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
Relationship to Patient/Member (Required if signed by Representative)

\_\_\_\_\_  
Print Name (Required if signed by Representative)

*Presbyterian serves to improve the health of individuals, families and communities.*



**REQUEST TO CORRECT/AMEND PHI**