



A covered individual and/or personal representative may request an amendment to his or her protected health information (PHI) or designated record set (DRS) maintained by or for the Medical Plans by completing this form and returning it to the Board of Pensions (see address and email at the bottom of page two).

Upon receipt of this completed form, a decision regarding the request will be made within the time frames specified by state or federal law. Incomplete request forms will be returned; only complete forms can be processed.

Please complete the following: <i>(See Definition of Terms on page two)</i>		
Name of covered individual	Date of request	
Requestor's name <i>(if different)</i>	Last 4 digits of SSN	
Address <i>(To which the decision should be sent)</i>		
City	State	ZIP
Phone		
If you are requesting to amend information on behalf of someone other than yourself, please enclose written proof of your authority to do so <i>(i.e., Power of Attorney, Guardianship Order, Custody Order, Court Order)</i> .		
Signature of requestor		

Information requested		
Please specify below the information you want amended, or attach a copy of the amendment you want to be placed in your file. In addition, <ul style="list-style-type: none"> provide the reason to support your request for an amendment; identify which portion(s) of your health information or designated record set you want to amend; and if possible, include the page number, dates of service, or other means to specifically identify the portion of the record to be amended. 		
If your request to amend your record is accepted, the Board of Pensions will modify your Medical Plans' designated record set accordingly. We will notify other parties, as identified by you, that your record has been amended. By signing this form, you are agreeing to allow us to notify these persons.		
Please provide the following information for any parties who should be notified of a modification to your record if your request is approved:		
Name		
Address		
City	State	ZIP

Name		
Address		
City	State	ZIP

If your request to amend your record is denied in whole or part, the Board of Pensions will notify you, in writing, of the reason for the denial and how you can <ul style="list-style-type: none"> file a written Statement of Disagreement about the denial. complain to the Board of Pensions and the U.S. Department of Health and Human Services about the denial. request that the Board of Pensions include your request for amendment and our denial with any future disclosures. 		
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Due to current circumstances, DO NOT mail this form to the Board of Pensions.
To avoid delays in processing, email your completed form to memberservices@pensions.org. If you need assistance emailing this form, please contact the Board at 800-773-7752 (800-PRESPLAN).



Definition of terms

Covered Individual: person covered by the Medical Plan of the Benefits Plan of the Presbyterian Church (U.S.A.)

Designated Record Set: a group of records maintained by or for the Medical Plans of the Benefit Plan of the Presbyterian Church (U.S.A.), which includes

- the enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for the Medical Plans, or
- information used in whole or in part by or for the Medical Plans to make reimbursement decisions about individuals

Amendment to Protected Health Information: a modification and/or addition to specific protected health information contained in the member's designated record set.

Personal Representative: someone with the legal authority to act on a covered individual's behalf to make decisions about that person's healthcare. Parents may be personal representatives for minors, except for those minors who have been given the legal freedom to act on their own.

Personal representatives may include guardians, conservators and other persons who have been given legal responsibility for another individual. Federal law, state law, and the specific terms of the appointment determine the authority granted to the personal representative.

Statement of Disagreement: a written document describing why the covered individual or personal representative disagrees with the denial to their request for amendment to health information.

Questions? Call the Board of Pensions at 800-773-7752 (800-PRESPLAN) or email memberservices@pensions.org.

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