



## REQUEST FOR AMENDMENT OF RECORDS

*Use this form if you are requesting amendment of any part of the information in the records Lipa maintains about you. This form must be complete and signed in order for Lipa to process your request.*

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Phone #:(\_\_\_\_)\_\_\_\_\_

Mailing Address: \_\_\_\_\_

Member ID#: \_\_\_\_\_

**Description of the Amendment Requested. Provide information to show why you believe the PHI in your record is not correct. Provide the date the information was recorded, if applicable.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following are HIPAA rules on the type of information which may be amended and that which may not be amended:

**The records which make up the Designated Record Set (DRS) and which may be amended** include the following records or record systems maintained by Lipa:

- Payment, claims adjudication, and case or medical management records including, but not limited to, utilization management records and determinations of medical necessity.
- Other records used, in whole or in part, by or for Lipa to make decisions about members which include the records of grievances and appeals filed by members and their representatives.

**Records that are not a part of the DRS or may not be amended by members** include, but are not limited to, the following:

- PHI generated, collected, or maintained for purposes that do not include decision-making about the member.
- Psychotherapy notes.
- Information compiled in reasonable anticipation of or for use in a civil, criminal, or administrative action or proceeding.
- Business associate records that meet the definition of Designated Record Set but that merely duplicate information maintained by the covered entity (documents that did not originate with Lipa).

**Please sign and date:**

\_\_\_\_\_  
Member or Representative's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Representative, if Applicable

\_\_\_\_\_  
Relationship to Member

**Please mail to Lipa at P.O. Box 11740, Eugene, OR 97440-1740 or fax to 541-434-1291.  
If you have questions, please contact Lipa's Privacy Officer at  
541-762-9086 or toll-free 1-877-600-5472, TTY 1-877-600-5473.**