SAN JOSÉ STATE UNIVERSITY

PART I - REQUEST TO AMEND PERSONAL HEALTH PLAN INFORMATION
HUMAN RESOURCES

Employee Support Services | One Washington Square | San José, CA 95192-0046   408-924-2250 | 408-924-2284 (fax)

Instructions:
- *Please complete part I and return form to: Campus Privacy Contact Rick Casillo at the address above. If you have any questions you may contact Rick at (408) 924-2149.*
- *Please print in ink.*

With certain exceptions, you have a right to request that the HCRA plan or other group health plans sponsored by the California State University (collectively, the "Plan") amend your health information in a "Designated Record Set." The Plan may deny your request for a number of reasons. For example, your requested may be denied if the health information is accurate and complete; was not created by the Plan (unless the person or entity that created the information is no longer available); is not part of the Designated Record Set; or would not be available for inspection (e.g., psychotherapy notes or information compiled for civil, criminal or administrative proceedings).

EMPLOYEE INFORMATION

1. Employee Name:	1a. Employee ID Number:	1b. Employee Date of Birth:
1c. Employee Health Plan ID Number:	1d. Department/College:	
2. Name of Person Whose Records you are Requesting:	3. Your Name:	
2a. Relationship to Employee ☐ Self ☐ Spouse ☐ Child ☐ Other (please describe relationship):	3a. Your Relationship to Person in Box 2: ☐ Self ☐ Spouse ☐ Parent ☐ Child ☐ Other (please describe relationship):	
4. Mailing Address for Records:	4a: City, State, Zip Code:	

REQUEST

I request that the Plan amend the following information in a personal health plan record (describe the information that is the subject of the Amendment request):

The Identified information should be amended because:

I understand that if the Plan approves my request to amend a health plan record, the Plan will not necessarily delete the original information in the Designated Record Set, but instead may choose to identify the information in the Designated Record Set(s) that is the subject of my request for Amendment and provide a link to the location of the Amendment.

_____   _____
Signature   Date

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DETERMINIATION

☐ Request Approved

☐ Request Denied for the following reasons **[check all that apply]:**

  ☐ The PHI or record was not created by the Plan.

  ☐ The PHI or record is not part of one of the Plan's Designated Record Sets.

  ☐ The PHI or record is not available for inspection under the HIPAA Privacy Rule.

  ☐ The PHI or record is accurate and complete referring.

If your request has been denied, you have the right to submit a statement of disagreement and the basis for such disagreement (limited to five (5) pages) to the Privacy Official at California State University, Office of the Chancellor 401 Golden Shore, 4th floor Long Beach, CA. 90802-4210. In response, the Privacy Official will send you a copy pf any rebuttal statement that is prepared. If you submit a statement of disagreement, when the Plan makes future disclosures of your disputed PHI or record, a copy of your request, the denial, and any disagreement and rebuttal will be attached to the disclosed PHI or record.

If your request has been denied and you choose not to submit a statement of disagreement, you may still ask the Plan to include a copy of your Amendment and the denial along with any future disclosures of the health information that is the subject of the Amendment request.

If you have been denied access to inspect and copy PHI, you may complain or to the Secretary of the U.S. Department of Health and Human Services at http://www.hhs.gov/ocr/privacyhowtofile.htm For more information, please contact the Privacy Official at the above address and phone number.

Name of Plan Representative	Signature of Plan Representative	Date of Determination