

Request for an Amendment to a Member Record

You or your authorized representative can request that an amendment (change) be made to the personal health information (PHI) in your MBHP care management record or designated record set (DRS). Complete this form and return it to the address or fax number below. MBHP cannot respond to requests that are not complete. If this form is not fully filled out, it will be returned to you.

Member's Name

Date

Member's Date of Birth

Member's Social Security Number

Person Requesting Amendment (if different)

Member's Signature

Address to which the decision should be sent:

Street

City

State

Zip

NOTE: *If you are requesting to amend information on behalf of someone other than yourself, please enclose written proof of your authority to do so (for example, Guardianship Order, Custody Order, or Court Order).*

Requestor's Signature

Please complete the following page and fax or mail both completed pages to:

Privacy Officer
Massachusetts Behavioral Health Partnership
200 State Street, Suite 305
Boston, MA 02109
Fax:(855) 643-2339

Call us at 1-800-495-0086 from Monday to Thursday, 8 a.m. to 5 p.m. and Friday 9:30 a.m. to 5:00 p.m. The call is free! Call TTY 1-877-509-6981 if you are deaf, hard of hearing, or speech impaired.

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Please specify below the information you want amended (what you want your record to say), or attach a copy of the amendment you want to be placed in your records. If needed, use additional sheets.

In addition:

- Describe why you are requesting this amendment.
- As specifically as possible, identify what part of your record or designated record set you want to amend.

If your request to amend your record is accepted:

MBHP will include the amendment in your records. If you want, we will also notify others that your record has been amended. When you sign this form, you are allowing us to notify these persons.

Who would need to be notified of an amendment 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:

MBHP will notify you in writing of the reason for the denial and how you can either:

- Have a written Statement of Disagreement of the denial included in your record;
- Complain to MBHP and the Department of Health and Human Services about the denial; and/or
- Ask that MBHP include your request for amendment and our denial any time your records are released in the future.

Request for an Amendment to a Member Record

MBHP complies with applicable federal civil rights laws and does not discriminate, exclude, or treat people differently because of race, color, national origin, ancestry, age, disability, religious creed, sex, sexual orientation, gender identity, gender stereotyping, genetic information, or veteran status. MBHP's notice of non-discrimination can be found at:

<http://www.masspartnership.com/member/NonDiscriminationNotice.aspx>.

You can get this information in other languages and other formats, such as large print or Braille.

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Tenemos información en español. Servicio de intérpretes gratis!