REQUEST TO AMEND PROTECTED HEALTH INFORMATION

Insured Name: _____
(Please Type)

Contract Number: _____

Date of Birth: _____

Address: _____
_____

Telephones: Home: _____ Cellular: _____ Other: _____

1. I request an amendment to my Protected Health Information for the following reason(s):
   _____
   _____

2. In order to make my information complete/accurate, it should be changed as follows:
   _____
   _____

3. If this request to amend is approved, do you want us to send a copy of the amended information to a person or entity who received information in the past? If your answer is yes, provide more information below:
   _____
   _____

_____	_____	_____
Insured or Authorized Representative	Signature	Date
_____	_____	_____
Witness (If necessary)	Signature	Date

Approving Signatures: (For MCS Healthcare Holdings, LLC use only)

_____	_____	_____
Clinical Affairs Manager	Signature	Date
_____	_____	_____
Legal Counsel	Signature	Date
_____	_____	_____
Privacy Unit Representative	Signature	Date

For Security and Privacy Unit Use Only:

____Request Accepted

____Request Denied Reason: _____

____Subscriber was notified Date: _____

MCS cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. MCS complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. MCS遵守適用的
聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-627-8183 (TTY: 1-866-627-8182). ATTENTION: If you speak English, language assistanceservices, free of charge, are available to you. Call 1-866-627-8183 (TTY: 1-866-627-8182).注意：如果您
使用繁體中文，您可以免費獲得語言援助服務。請致電1-866-627-8183 (TTY: 1-866-627-8182).

Confidentiality Notice: This communication is privileged and confidential, and/or protected health information (PHI) or electronic protected health information (ePHI), and may be subject to protection under the law, including HIPAA. This communication is intended for the sole use of the individual or entity to whom it is addressed. If you are not the intended recipient, be advised that any use, disclosure, distribution, copying, or action taken in reliance on the contents of this communication is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for its return.