

# Request to Amend Protected Health Information



Use this form to request an amendment of your protected health information (PHI) in records that we, or our business associates, maintain in designated record sets.

**Please complete the following:**

Name:	Phone:	Date of birth:	
Address:			
City:	State:	ZIP code:	Member ID number:

**Please read and complete the following:** You have the right to request that we amend your PHI in the designated record set that we or our business associates maintain. We may decline your request if we did not create the records; the records are not part of our designated record set; the law does not give you the right to access the records; or the records are complete and accurate.

**To exercise your right, please specify which records you want to amend and the amendments you want made to them:**

**Please specify the reason(s) for the requested amendments:**

**Please sign and date:**

Signature:	Date:
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**Personal representative:** If you are not the member, please sign and date below. Check the box that describes your relationship to the member. **If you are not the parent or legal guardian, please attach proof of your relationship to the member (e.g., power of attorney, personal representative documentation, etc.).**

Print name of personal representative:
Signature of personal representative and date:

- Parent or legal guardian       Power of attorney       Executor       Other

**Please return this form to:** AmeriHealth Caritas New Hampshire Privacy Office, 200 Stevens Drive, Philadelphia, PA 19113

## Discrimination is against the law

AmeriHealth Caritas New Hampshire complies with applicable federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of age; race; color; ethnicity; national origin or ancestry; mental or physical disability; sexual or affection orientation or preference; gender identity; marital status; genetic information; source of payment; sex, including sex stereotypes, sex characteristics including intersex traits; pregnancy or related conditions; creed, religion; health or mental health status or history; need for health care services; amount payable to AmeriHealth Caritas New Hampshire on the basis of an eligible person's or member's actuarial class or pre-existing medical/health conditions; whether or not the member has executed an advance directive; or any other status protected by federal or state law.

AmeriHealth Caritas New Hampshire provides free aids and services to people with disabilities. Examples of these aids and services include qualified sign language interpreters and written information in other formats (large print, Braille, audio, accessible electronic formats, other formats). We provide free language services, such as qualified interpreters and information written in other languages, to people with limited English proficiency or whose primary language is not English.

If you need these services, contact AmeriHealth Caritas New Hampshire 24 hours a day, seven days a week, at **1-833-704-1177 (TTY 1-855-534-6730)**.

If you believe that AmeriHealth Caritas New Hampshire has failed to provide these services or has discriminated against you in another way, you or your authorized representative (if we have your written authorization on file) can file a grievance with:

AmeriHealth Caritas New Hampshire Grievances  
1557 / Civil Rights Coordinator  
P.O. Box 7389  
London, KY 40742-7389  
Phone: **1-833-704-1177 (TTY 1-855-534-6730)**  
Email: **acfcgrievances@amerihealthcaritas.com**

- You can also file a grievance by phone. If you need help filing a grievance, AmeriHealth Caritas New Hampshire Member Services is available to help you. You can contact Member Services 24 hours a day, seven days a week, at **1-833-704-1177 (TTY 1-855-534-6730)**.

You may also file a discrimination complaint through the Department of Health and Human Services (DHHS) Office of the Ombudsman who has been designated to coordinate the efforts of NH DHHS's civil rights compliance for the Department:

State of New Hampshire, Department of Health and Human Services, Office of the Ombudsman  
129 Pleasant Street  
Concord, NH 03301-3857  
**1-603-271-6941** or **1-800-852-3345 ext. 16941**  
Fax: **1-603-271-4632, (TTY 1-800-735-2964)**  
E-mail: **ombudsman@dhhs.nh.gov**

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, DC 20201  
**1-800-368-1019 (TTY 1-800-537-7697)**

Complaint forms are available at  
**<http://www.hhs.gov/ocr/office/file/index.html>**.

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Attention: If you do not speak English, language assistance services, free of charge, are available to you. Call **1-833-704-1177 (TTY 1-855-534-6730)**.

Atención: se habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-833-704-1177 (TTY 1-855-534-6730)**.