

**Individual Request to Correct or Amend a Record Maintained by
BlueAdvantage Administrators of Arkansas**

Date _____

Member Name _____

Address _____

Member Identification Number _____

I request BlueAdvantage Administrators of Arkansas, a third-party claims administrator for my Employer's Group Health Plan, amend the protected health information of _____ (name of the member) in its designated record set within the date range of _____ through _____.

Specific Amendment Request

Specific Reason for Amendment Request

I understand that if the protected health information was not created by BlueAdvantage Administrators, then they are not required to honor my request. For example, if the information I wish to amend is a medical report created by my physician, I must ask the physician – not BlueAdvantage Administrators – to amend the report. I also understand that if the information is not available for my inspection, is not part of the plan's designated record set or is already accurate and complete, I cannot amend the information.

I understand that I will receive a written response to my request within 60 days.

Signature: _____ Date: _____

Submit this completed form to your employer's Human Resources or Benefits Administration Office