

Part I - Request to Amend Personal Health Plan Information

Form Received By _____

Date _____

Check One:
 Allied Pilots Association Voluntary Supplemental Medical & Custodial Care Benefit Plan (the "Plan")
 Allied Pilots Association Catastrophic Major Medical Benefit Plan (the "Plan")
 Allied Pilots Association Employee Health Benefit Plan (the "Plan")

With certain exceptions, you have a right to request that 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 request 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).

1. Member or Employee Name:	1a. Member or Employee Number:
1b. Member or Employee Date of Birth:	1c. Your Name:
2. Name of Person Whose Records You Are Requesting:	2a. Relationship to Member or Employee: Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>
3. Mailing Address:	4. Your Relationship to Person in Box 2 Self <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> <input type="checkbox"/> Other (please describe relationship):

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

Please return completed form to: HIPAA Privacy Official
Allied Pilots Association
14600 Trinity Blvd., Suite 500
Fort Worth, TX 76155
Fax 817-302-2146

Signature _____

Date _____

Part II - Determination of Request to Amend Personal Health Plan Information

Form Part II Prepared By _____

Date _____

Request Approved Request Denied for the following reasons:

- 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 HIPAA Privacy Official at Allied Pilots Association. In response, the HIPAA Privacy Official will send you a copy of 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 to the Plan or to the Secretary of the U.S. Department of Health and Human Services according to the procedures at <http://www.hhs.gov/ocr/hipaa2.html> For more information, please contact HIPAA Privacy Official at 800-323-1470 x 2145.

Name of Plan Representative _____

Signature of Plan Representative _____

Date of Determination _____