

## INDIVIDUAL REQUEST TO CORRECT OR AMEND A RECORD

I request the Loyola University New Orleans Employee Benefit Plan ("Health Plan") to amend the protected health information in the designated record set containing my protected health information.

**Specific Statement of Amendment Request:**

**Specific Reason for Amendment Request:**

I understand that if the protected health information was not created by the Health Plan, the Health Plan is not required to honor my request. For example, if the information I wish to amend is in a medical report created by my physician, I must ask the physician – not the plan – 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 the Health Plan will respond to my request within 60 days. I also understand that the Health Plan has a right to a one-time extension of this 60-day time period for an additional 30 days if it provides me with notice of the reasons for the delay and the date by which the Health Plan will complete its action on my request.

I wish the amended/corrected information to be provided to the following person and/or entity:

Person/Entity: \_\_\_\_\_  
Address or email \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date received by Plan: \_\_\_\_\_

Please mail or fax the completed Form to: Donna Rochon, Privacy Officer for the Loyola University New Orleans Employee Benefit Plan, Human Resources Department, Loyola University New Orleans, 6363 St. Charles Avenue, Campus Box 16, New Orleans, LA 70118, 504.864.7272 (phone), 504.864.7100 (fax).