



# Request to Access Protected Health Information (PHI) Member Amendment Request Form

## General information

### Member

First name \_\_\_\_\_ Last name \_\_\_\_\_ MI \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Daytime phone number (\_\_\_\_)\_\_\_\_-\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Requestor** if other than member. *(Must be the member's parent, legal guardian, or holder of power of attorney. If legal guardian or holder of a power of attorney, please attach legal documentation.)*

First name \_\_\_\_\_ Last name \_\_\_\_\_ MI \_\_\_\_\_

Relationship to member \_\_\_\_\_

## Amendment request

*Provide reason to support your amendment request. If more space is needed, please use a separate sheet.*

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### Please read the following:

- There are limited situations in which PrimeWest Health may deny your request for access. In these situations, we will let you know why we cannot grant your request. We will also tell you how you may ask for a review of your denial.
- PrimeWest Health may deny your request for amendment to your PHI. In these situations, we'll let you know why we can't grant your request. We'll also tell you how you may ask for a review of your denial.
- PrimeWest Health can't consider requests for PHI amendment until we get all information required by this form. Please make sure the form is complete before sending to PrimeWest Health.
- By signing below, you certify the information you gave in this form is true and accurate.

## Signature

Signature of requestor \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed name \_\_\_\_\_

### Mail request to:

Corporate Compliance Officer  
PrimeWest Health  
2209 Jefferson St, Ste 101  
Alexandria, MN 56308

**PLEASE NOTE:** This request for inspection will be processed within 60 calendar days of receipt unless we notify you otherwise in writing.

# PrimeWest Health Member Services 1-866-431-0801

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Attention. If you want free help translating this information, call the above number.

Atención. Si desea recibir asistencia gratuita para traducir esta información, llame al número que aparece más arriba.

Ogow. Haddii aad dooneyso in lagaa kaalmeeyo tarjama dda macluumaadkani oo lacag la'aan ah, wac lambarka kore.

ملاحظة: إذا أردت مساعدة مجانية في ترجمة هذه المعلومات، فاتصل على الرقم الموجود أعلاه.

កំណត់សំគាល់ បើអ្នកចង់បានជំនួយបកប្រែព័ត៌មាននេះដោយមិនគិតថ្លៃ សូមទូរស័ព្ទ ទៅលេខនៅខាងលើ។

Pažnja. Ako vam je potrebna besplatna pomoć za prevod ove informacije, nazovite gornji broj.

Ceeb toom. Yog koj xav tau kev pab txhais cov xov no dawb, thov hu rau tus xov tooj saud.

ໂປຼດຊາບ. ຖ້າຫາກທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການເປ່  
ຂໍ້ຄວາມດັ່ງກ່າວນີ້ຟຣີ, ຈົ່ງ ໂທອຕາມເລກໂທທີ່ຢູ່ຂ້າງເທິງນີ້.

Hubaddhu. Yoo akka odeeffannoon kun sii hiikamu gargaarsa tolaa feeta ta'e, lakkoofsa armaa olii bilbili.

Внимание. Если вам нужна бесплатная помощь в переводе этой информации, позвоните по указанному выше телефону.

Chú Ý. Nếu quý vị cần dịch thông tin này miễn phí, xin gọi số nêu trên.

This information is available in other forms to people with disabilities by calling:

**TOLL FREE**  
1-866-431-0801

**TOLL FREE MINNESOTA RELAY**  
TTY, Voice, ASCII, or Hearing Carry Over:  
1-800-627-3529 or 711

**TOLL FREE SPEECH-TO-SPEECH RELAY SERVICE**  
1-877-627-3848

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PrimeWest Health will enroll all eligible people who select or are assigned to PrimeWest Health without regard to physical or mental condition, health status, need for health care services, claims experience, medical history, genetic information, disability, marital status, age, gender, sexual orientation, national origin, race, ethnicity, color, religion, political beliefs, or geographic location. PrimeWest Health will not use any policy or practice that discriminates based on such.

American Indians can continue or begin to use tribal and Indian Health Service (IHS) clinics. We will not require prior approval or impose any conditions for you to get services at these clinics. For enrollees age 65 years and older, this includes Elderly Waiver (EW) services accessed through the tribe. If a doctor or other provider in a tribal or IHS clinic refers you to a provider in our network, we will not require you to see your primary care provider prior to the referral.