

Request to Amend the Designated Record Set (California Addendum)

To request that Hill Physicians Medical Group amend the designated record set, please contact your provider's office directly.

Is this request for yourself? (Required)

Yes, this request is for myself No, this request is on behalf of someone

Hill Physicians Member first and last name

Prefix _____ First _____ Last _____

Individual's Health Plan Member Number: (Required)

I am the authorized representative of: (Required) _____

I am submitting this addendum request for and on behalf of the above Hill Physicians member for the following reason(s): (Required):

I request that Hill Physicians Medical Group, Inc. ("Hill Physicians"), and any and all business associates who are currently in possession of or will be in possession of all or a portion of the Hill Physicians designated record set (DRS), amend the DRS to include the following comment(s): (Required)

Date that original record was created: (Required) _____

Reason for addendum: (Required) _____

Consent (Required)

I understand that Hill Physicians may deny my request for any of the following reasons within 30 days of receipt of this request:

1. Hill Physicians did not create the PHI or record.
2. The PHI or record is not part of Hill Physicians' Designated Record Set.
3. The PHI is not available for access pursuant to the requirements of HIPAA.
4. The PHI or record is accurate and complete.

Consent (Required)

I understand that Hill Physicians will provide notice of its denial, if any, and a detailed explanation of the basis for the denial of my Request to Amend the Designated Records Set.

Signature _____ Print Name _____

Dated _____

Please return this form to Hill Physicians by mail or fax:

Mail

Hill Physicians Medical Group
Attn: Customer Service
P.O. Box 5080
San Ramon, CA 94583

Fax

(925) 327-6626
Attn: Customer Service