

## Request to Amend Protected Health Information (PHI)

**Requesting Individual** *(Please print)*

<i>First Name</i>	<i>Last Name</i>	<i>Member's Contract Number</i>
<i>Address</i>		<i>Daytime Telephone Number(s)</i>
<i>City</i>	<i>State</i>	<i>ZIP</i>

*You have the right to request that we amend your Protected Health Information in the designated record set maintained by MESSA or its business associates. MESSA may decline the request if it is not complete and accurate, or for certain other reasons.*

**Please indicate the Protected Health Information you wish to amend and the amendments you wish to make.****Please detail the specific reason you are requesting an amendment.**

**If you are not the individual named above, please check the appropriate box below and provide a daytime telephone number where you can be reached. Please provide proof of your legal relationship to the individual if the individual is not your minor child.**

Parent  
  Legal Guardian  
  Power of Attorney  
  Personal Representative  
  Other \_\_\_\_\_

**Please sign and date.**

<i>Signature:</i>	<i>Date</i>
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**Sign and return this form to:**

**Privacy Officer, MESSA, PO Box 2560, 1475 Kendale Blvd., East Lansing, MI 48826-2560 or Fax to 800.693.5160.**

**If you have questions, please call the Privacy Officer at 800.292.4910.**