



MEBA MEDICAL & BENEFITS PLAN

MEBA PENSION TRUST

MEBA TRAINING PLAN

MEBA VACATION PLAN

BENEFIT PLANS

1007 EASTERN AVENUE, BALTIMORE, MARYLAND 21202-4345 • (410) 547-9111

Request for Amendment of Protected Health Information

MEBA Medical & Benefits Plan
1007 Eastern Avenue
Baltimore, MD 21202-4135
(800) 811-6322

As required by the Health Information Portability and Accountability Act of 1996 you have a right to request that health information that pertains to you be amended if you believe that it is incorrect or incomplete. The MEBA Medical & Benefits Plan will review your request and either grant your request or explain the reason why it will not be granted. In the event that your request is not granted you have the right to submit a statement of disagreement that will accompany the information in question for all future disclosures.

AMENDMENT REQUEST SECTION

I, _____ (print name) hereby request that the MEBA Medical & Benefits Plan amend the following health information pertaining to me (describe the information that you believe is incorrect or incomplete):

I believe that the information described above is incomplete or incorrect for the following reasons:



I believe that the correct information is as follows:

Additionally, I request that the following people or organizations be notified of the correction (please provide names and addresses):

Signature

Date

NOTE: If this request for amendment is denied, you may append a written statement of disagreement by completing the appropriate section of this form. You may also request that this form be included with any subsequent disclosures by initialing the appropriate line in the section reserved for statements of disagreement. You may also register a formal complaint by completing the enclosed Complaint Form and submitting it to the attention of the Privacy Official at the address shown on page 1.