



Request for an Amendment (Update or Correct Your Healthcare Information)

Complete this form to ask to amend protected health information (PHI) related to services provided by **OptumRx Home Delivery Pharmacy** if you think something is wrong or missing. Please complete each section below. Forms submitted with incomplete information, insufficient legal authority, or signed by the incorrect individual may be denied or result in processing delays.

OptumRx may deny your amendment request if the PHI that is the subject of the request:

- a) Was not created by OptumRx,
- b) Is not part of the OptumRx Designated Record Set (DRS),
- c) Would not be available for inspection (including, but not limited to, exempt items like psychotherapy notes and situations in which the PHI at issue is no longer maintained in the DRS), or
- d) Is accurate and complete.

This form should not be used to change your address, phone number or billing information associated with your account. You can update your contact information using your online account at www.optumrx.com. To update account information by phone or for questions about this form, call customer service at the telephone number located on your health or pharmacy benefit plan ID card.

For assistance with healthcare information not managed by OptumRx, contact that entity directly.

Submitting a Request on Behalf of Another Individual

Please have the **member** sign and submit the request if:

1. you are not the legal representative, OR
2. the individual is 12 or older, and the records may relate to sensitive health information, such as mental health, substance use, HIV/AIDs, STD, pregnancy, or reproductive health.

If you qualify as a legal representative, you are required to attach supporting documentation:

- **Power of attorney, Court Order, or another valid document**
- **HIPAA authorizations do not establish legal authority and are not sufficient to submit a request through this process**

Return the completed form via

Fax: 888-371-7011

Mail: OptumRx Privacy Office, 2300 Main Street, MS: CA134-0304, Irvine, CA 92614

Section 1: Requestor information & contact details

I am submitting this request for my:

Self

Minor child

Someone else (describe relationship) _____

Preferred contact for questions:

()

Home Phone

()

Cell Phone

Email Address

Section 2: Member whose information is being requested

First Name

Middle Initial

Last Name

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Date of Birth

Phone Number

Address

City

State

ZIP Code

Section 3: Legal representative (Required if requestor is not the member)

First Name

Last Name

Phone

Relationship to member

Parent or legal guardian (describe relationship) _____

*Someone else (describe relationship) _____

*Attach supporting documentation

Section 4: Amendment Requested

Indicate below what PHI you believe to be inaccurate and/or incomplete and describe the error. If the information relates to a home delivery prescription order, date of service, medication, etc., please include specific details such as the order numbers, dates, or other information to help us process your request.

Does someone else have this outdated information and should be notified if we make a change? If so, please complete the contact information below and a paper copy will be mailed to the address provided.

<i>First Name</i>	<i>Last Name</i>	<i>Relationship (e.g., Provider, plan sponsor)</i>
()		

Phone Number

Address

<i>City</i>	<i>State</i>	<i>ZIP Code</i>
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If you need more space to explain your request, if you have a copy of the information you would like to amend, or if others need to be notified of any changes, provide additional supporting documentation.

Section 5: Select where to receive a response (Select only one option)

Send a response to the requestor (member or legal representative) in the following format:

Option 1: PDF sent by secure email to the address below (complete if different from Section 1)

Email Address

Option 2: Paper copy sent in the mail to the address below (complete if different from Section 2)

Address

<i>City</i>	<i>State</i>	<i>ZIP Code</i>
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Section 6: Member or Legal representative's signature

I authorize the amendment and release (if applicable) of my PHI as identified above.

Member or legal representative's signature *Date (MM/DD/YYYY)*