



Division of TennCare

Request to Amend Records

After you fill out and sign this paper, send it to:
 Division of TennCare
 Attn: Privacy Office
 310 Great Circle Road
 Nashville, TN 37243
 Phone: 1-866-797-9469 Fax: 1-615-734-5289

Page 2 has important facts about your request. Please read those facts and send in both pages. Have questions? Need help? Call the Tennessee Health Connection for free at 1-855-259-0701. They can help you Monday to Saturday from 7am to 7pm Central Time.

1. Who is the patient?

Last Name		First Name		MI
ID Number (SSN)	Date of Birth (MM/DD/YYYY)	Phone Number (with area code)		
Address		City	State	Zip Code

Check One

- I am the patient OR
- I have the legal right to act for this person. (Check one below; if “other” fill in blank)
 I’m his or her: Parent OR Guardian OR Other _____

2. What changes are you asking for?

Tell us the TennCare record you are asking us to change.

What changes are you asking us to make and why? Tell us as much as you can. Do you have papers that show why your record needs to change? Send copies with this paper. You can use more pages if needed.

3. Who do you want us to tell about the change?

If we say OK to the change, you may want certain people to know. You must tell us in writing each person you want us to tell about the change. Fill in the box below.

Name	Address, City, State, Zip code

We also need your OK to tell each person. Go to <http://www.tn.gov/tenncare/legal/> Complete the “Permission to Release Protected Health Information” for each person. Then print and mail the form(s) with this paper. OR you can call or write us. We can send you the page you need.

4. Signature of Patient

I request the changes to TennCare records listed in this paper. (See page 2 for important information).

Signature or “X” of Patient	Date
(If used “X” or if someone helped fill out this form, please tell us that person’s name.)	() _____ Helper’s phone number

Helper’s Address, City, State, Zip Code

Go to page 2

5. Signature of Authorized Representative (if you have one)

Authorized Representative means you have legal proof you can act for this person. A representative signs for a patient who cannot legally sign on his or her own. If the patient is less than 18 years old (a minor), a parent or guardian should sign for the minor. *You must include a copy of legal proof with this page that says you can act for this person. If you don't include it now, you must send it to us within thirty (30) days.

Signature of Person signing on behalf of patient Date

Print Name: _____ Phone: (____) _____

Address: _____

More Important Information:

Make a copy of both of these pages and keep it for your records. We will also give a copy back to you. Remember, **Protected Health Information (PHI)** means any facts about your health in the past, present or future. It includes facts like your address and date of birth. PHI is defined at 45 CFR §160.103.

If you are asking for a change to your TennCare records:

- TennCare can't change records that TennCare did not make.
- TennCare will only change records if we find they are incomplete or not true.
- Be sure to tell us any facts that will help us with your request. Do you have papers that show why your record needs to change? Send copies with this paper.

Your Right to Change Information in your Record:

- You have a right to **ask** for changes to your information held by TennCare.
- You have a right to have an answer to your request within 60 days. If there are delays in getting you the answer, we'll send you a letter. The delay can't be more than 30 days after the 60 days. You will get an answer from us in writing.
- If you disagree with the answer, you can tell us in writing. TennCare will keep this statement with your record even if TennCare can't **OK** your request.
- TennCare may answer in writing. This will also be put in your record. You can have a copy.
- When the record you disagreed with is shared in the future, a summary of your letter and TennCare's answer will also be shared.

You always have the right to file a privacy complaint:

Division of TennCare

Privacy Office

P.O. Box 20007

Nashville, TN 37202

Phone: 1-877-778-3698

Fax: 615-248-2928

Email: Privacy.TennCare@tn.gov

(Do not email confidential information.)

U.S. Dept. of Health and Human Services

Region IV, Office of Civil Rights

Medical Privacy, Complaint Division

Atlanta Federal Center Suite 3B70

61 Forsyth Street, SW

Atlanta, GA 30303-0064

Phone: 1-866-627-7748

TTY: 1- 404-562-7884

Email: www.hhs.gov/ocr

You will not be punished if you ask for help or if you make a complaint.

If you need help, call the Tennessee Health Connection for free at 1-855-259-0701.

Puede obtener estas hojas y el Permiso para Divulgar Información en español. Visite nuestro sitio web en <http://www.tn.gov/tenncare/legal>. O bien, llame al Tennessee Health Connection al 1-855-259-0701.