

**Individual Request to Correct or Amend a Record Maintained by  
USAbLe Administrators**

Date \_\_\_\_\_

Member Name \_\_\_\_\_

Address \_\_\_\_\_

Member Identification Number \_\_\_\_\_

I request USAbLe Administrators, a third-party claims administrator for my Employer's Group Health Plan, amend the protected health information of \_\_\_\_\_ (name of the member) in its designated record set within the date range of \_\_\_\_\_ through \_\_\_\_\_.

**Specific Amendment Request**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Specific Reason for Amendment Request**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that if the protected health information was not created by USAbLe Administrators, then they are not required to honor my request. For example, if the information I wish to amend is a medical report created by my physician, I must ask the physician – not USAbLe Administrators – to amend the report. I also understand that if the information is not available for my inspection, is not part of the plan's designated record set or is already accurate and complete, I cannot amend the information.

I understand that I will receive a written response to my request within 60 days.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit this completed form to your employer's Human Resources or Benefits Administration Office.**