



## Community Health Plan of Washington Request for Correction/Amendment of Protected Health Information

Use this form to request Community Health Plan of Washington (CHPW) correct or amend your protected health information (PHI) that you feel is not correct that CHPW has about you in its designated record set. The designated record set includes records used to make decisions about you as a member. It might also include records about enrollment, claims, plan case management, medical management, or pharmacy information. **(Note: CHPW cannot change your information if it was not created by CHPW, it is not part of the designated record set, or it is already correct or complete.)**

**1. Member Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Member ID Number:** \_\_\_\_\_ **Date of Request:** \_\_\_\_\_

**Member Address:** \_\_\_\_\_

**Member email:** \_\_\_\_\_

**Member Phone:** \_\_\_\_\_ **Member Fax:** \_\_\_\_\_

**Choose one:**  Ok to leave message with detailed information.  
 Leave message with call-back number only.

**2. Date of entry or the information to be corrected/amended.**

\_\_\_\_\_

**3. Please explain how the entry/information is incorrect or incomplete. What should the entry/information say to be more accurate or complete? (Attach additional sheets to this form if needed.)**

\_\_\_\_\_





**6. Send the completed, signed request to:**

Community Health Plan of Washington  
Attn: Compliance Department  
1111 3<sup>rd</sup> Ave, Ste. 400  
Seattle, WA 98101  
Fax: (206) 521-8834  
Email: [member.rights@chpw.org](mailto:member.rights@chpw.org)

If you have any questions or to obtain a full notice of your privacy rights, contact CHPW’s Customer Service department at the following

<p><b>If you are a Washington Apple Health (Medicaid) Member</b></p> <p>Contact Customer Service toll-free at 1-800-440-1561, Monday – Friday, from 8am to 5pm.</p> <p>If you are hearing or speech impaired, please call TTY 711 (toll-free).</p> <p>The notice is also available online at: <a href="https://www.chpw.org/for-members/your-privacy-and-rights/">https://www.chpw.org/for-members/your-privacy-and-rights/</a></p>	<p><b>If you are a CHPW Medicare Advantage Member</b></p> <p>Contact Customer Service toll-free at 1-800-942-0247, 7 days a week, from 8am to 8pm.</p> <p>If you are hearing or speech impaired, please call TTY 711 (toll-free).</p> <p>The notice is also available online at: <a href="https://medicare.chpw.org/member-center/member-rights/">https://medicare.chpw.org/member-center/member-rights/</a></p>
<p><b>If you are a Cascade Select Member</b></p> <p>Contact Customer Service toll-free at 1-866-907-1906, Monday – Friday, from 8:00 a.m. to 5:00 p.m.</p> <p>If you are hearing or speech impaired, please call TTY 711 (toll-free).</p> <p>The notice is also available online at: <a href="https://www.chpw.org/for-members/your-privacy-and-rights/">https://www.chpw.org/for-members/your-privacy-and-rights/</a></p>	