MoreCare®
A Medical Home Network Affiliate

Return To: MoreCare
ATTN: Compliance
180 N. Stetson Ave., Suite 600-1
Chicago, Illinois 60601
compliance@morecareil.com

REQUEST TO AMEND PROTECTED HEALTH INFORMATION (PHI)

Use this form to request an amendment to your health information maintained by MoreCare, or entities on behalf of MoreCare. If MoreCare is not the originator of the information you are requesting to amend, you will need to contact the originator directly to amend the information. For example, we likely cannot amend information related to diagnosis, date of service, or treatment received. You will need to contact your provider to amend this information. If your provider consents to amend your information and notifies MoreCare, we will change the information in our records. If you need assistance completing the form, please contact the Customer Service number at **(844) 480-8528.**

I. MEMBER INFORMATION: (Name and information of individual for whom amendment is being requested.)

Name: _____

Address: _____

Member ID#: _____ Date of Birth: _____

II. REQUEST: (Information regarding the information that you would like amended.)

Describe the PHI to be amended: _____

Requested change: _____

Date(s) of service associated with the PHI (if applicable): _____

Reason for requested amendment: _____

If MoreCare approves this request to amend, the amended information will be included in all future disclosures and correspondence. MoreCare will provide the amendment to individuals/ organizations you identify below.

Please list the name(s) and address(s) of individuals or organizations to notify should MoreCare agree to make the amendment.

III. SIGNATURE

I request that MoreCare amend my PHI as specified in section II above. I have read and understand the above.

The member must sign this form to authorize MoreCare to amend his/her PHI. If the member cannot sign, only the member's legal representative may sign. If you are the member's legal representative, describe this below and send MoreCare copies of those forms (such as power of attorney or order of guardianship). Members 18 years or older must sign the form on their own behalf.

Signature of Member: _____ Date: _____

Signature of Representative (if applicable): _____

Relationship to the Member: _____

Member Services – Contact Information

(844) 480-8528, TTY 711
Calls to this number are free.

- October 1 – March 31 - 7 days a week, 8 a.m. to 8 p.m. CST
- April 1st – September 30th - Monday – Friday, 8 a.m. to 8 p.m. CST

Member Services also has free language interpreter services available for non-English speakers.

Nondiscrimination Statement

Discrimination is against the law. MoreCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. MoreCare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

MoreCare provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, please contact **Member Services** at MoreCare: Phone: 844-480-8528 toll free / 711 (TDD/TTY).

If you believe that MoreCare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

MoreCare Civil Rights Coordinator
Attn: Compliance Dept.
P.O. Box 21994, Eagan, MN 55121
Phone: 844 480-8528 (toll-free) / 711 (TDD/TTY).
Email: Civilrightscoordinator@morecareIL.com

You can file a grievance by mail, telephone, or email. If you need help filing a grievance, the MoreCare Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue,
SW Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

MoreCare is an HMO with a Medicare contract. Enrollment in MoreCare depends on contract renewal.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-844-480-8528 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-480-8528 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-844-480-8528 (TTY: 711).

注意：如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-844-480-8528 (TTY: 711)。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-480-8528 (TTY: 711) 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-844-480-8528 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-844-480-8528
(رقم هاتف الصم والبكم: 711)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-844-480-8528 (телетайп: 711).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-844-480-8528 (TTY: 711).

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں ۔ کال کریں 1-877-774-8592 (TTY: 711)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-480-8528 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-844-480-8528 (TTY: 711).

ध्यान दें: यदद आप दहिंदी बोलते हैं तो आपके ललए मुफ्त में भाषा सहायता सेवाएि उपलब्ध हैं। 1-844-480-8528 (TTY: 711) पर कॉल करें।

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-844-480-8528 (ATS : 711).

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-844-480-8528 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-844-480-8528 (TTY: 711).