RESET

Braven HEALTH

Request for Amendment of Private Information

Instructions: To request a change to your records held by Braven Health, and its business associates, please complete the information below, sign in the space provided and return to: Braven Health, Attn: HIPAA Team, P. O. Box 1458, Newark, New Jersey 07101-1458 or via fax at 973-274-2358.

Member Information (please print)

Name: _____

Subscriber Identification #: _____ Date of Birth: _____/_____/_____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____

Date of information/record to be amended: _____/_____/_____

Please list records to be amended and the correction to be made.
Please be advised that Braven Health does not create or originate medical records. For changes in these records you should consult with your provider.

_____

_____

_____

Please attach documentation that supports your Request for Amendment.

If an amendment is made, I request that the amended information described be released to the following parties:

_____ Name	_____ Address
_____ Name	_____ Address
_____ Name	_____ Address
_____ Signature of Member (or Personal Representative)	_____ Date

Personal representatives who have not previously been registered with Braven Health must submit documentation supporting their authority to make this request.

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