



Group Insurance Commission Individual Request to Correct or Amend a Record

I request the GIC to amend my protected health information in its Designated Record Set.

Specific Statement of Amendment Request

Specific Reason for Amendment Request

If the amendment request is approved, I want the GIC to provide the amended information to the following people and their addresses:

I understand that the GIC will make reasonable efforts to inform these individuals—and persons that the GIC knows may have relied or could rely on the information—of the amendment within a reasonable time.

I understand that if the protected health information was not created by the GIC, the GIC is not required to honor my request.

I understand that the GIC will respond to my request within 30 days.

Signature of Enrollee: _____

Print Name: _____

Address: _____

Date of Birth: _____

Social Security Number: _____

