

**LANCASTER GENERAL HEALTH
GROUP HEALTH PLAN
Request to Amend Disclosures of
Protected Health Information**

Lancaster General Health (LG Health), on behalf of the Group Health Plan, maintains a Privacy Policy in accordance with federal privacy rules.

This form is used to help you exercise your rights under the Group Health Plan's Privacy Policy regarding amending the disclosure of your Protected Health Information.

The Group Health Plans sponsored by LG Health include: LG Consumer, LG Select, LG Dental, LG Dental Plus.

Plan Participant's Request to Amend PHI

Print Plan Participant's Name:

Plan Participant's Address:

Print Employee Name if different from Plan Participant:

Employee Number:

Participant/Employee Signature

Date

Please describe below the PHI you would like to amend and include specific reasons why you would like to amend your PHI:

After completing this form, please submit your request to the HIPAA Privacy Official:

Lancaster General Health
Human Resources
555 North Duke Street
P.O. Box 3555 Lancaster, PA
17604-3555