

**Individual Request to Correct or Amend a  
Record Maintained by  
USABLE Life**

Date: \_\_\_\_\_

Member Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Member Identification Number: \_\_\_\_\_

I request USABLE Life (the health plan) to amend the protected health information of  
\_\_\_\_\_ (name of the member) in its designated record set  
within the date range of \_\_\_\_\_ through \_\_\_\_\_.

**Specific Amendment Request**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Specific Reason for Amendment Request**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that if the protected health information was not created by USABLE Life, the health plan is not required to honor my request. For example, if the information I wish to amend is a medical report created by my physician, I must ask the physician – not USABLE Life – to amend the report. I also understand that if the information is not available for my inspection, is not part of the plan’s designated record set or is already accurate and complete, I cannot amend the information.

I understand that USABLE Life will respond in writing to my request within 60 days.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Send completed form to:**

USABLE Life Privacy Office  
P.O. Box 1151  
Little Rock, AR 72203-1151