



WYOMING

AMENDMENT REQUEST FORM

Purpose: This form is used for an Individual's request to amend Protected Health Information or records in BCBSWY's Designated Record Sets or the Designated Record Sets of BCBSWY's Business Associate.

SECTION A: Individual requesting records amendment

Name: _____

Address: _____

Telephone: _____ E-mail: _____

Subscriber Number: _____ Social Security Number: _____

SECTION B: To the Individual—Please read the following and complete the information requested.

You have the right to request that Blue Cross Blue Shield of Wyoming (BCBSWY) amend your Protected Health Information in Designated Record Sets BCBSWY or BCBSWY's Business Associates maintain. BCBSWY may decline your request if the information is not part of these Designated Record Sets, BCBSWY did not create the information, BCBSWY believes the information is complete and accurate, or the information is Psychotherapy Notes, compiled in anticipation of or for use in any civil, criminal or administrative action or proceeding, or not subject to Disclosure to you under the Clinical Laboratory Improvements Amendments of 1988 (42 U.S.C. § 263a). To exercise your right to request amendment, please complete this Section B.

Please specify the records you wish to amend and the amendments you wish to make:

Please state the reasons for the amendments:

Please list the name and address of each person who you want BCBSWY to notify of the amendment should BCBSWY agree to make the amendment you request. You must provide BCBSWY with a signed Authorization for BCBSWY to notify these persons. BCBSWY can supply you with the appropriate Authorization form.

Name:	Address:
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<hr/>	<hr/>
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SECTION C: Signature

<hr/>	<hr/>
Requesting Individual’s Signature	Date
<hr/>	
Requesting Individual’s Printed Name	

SECTION D: Personal Representative

If this request is by a Personal Representative on behalf of the Individual, complete the following:

<hr/>
Personal Representative’s Name
<hr/>
Relationship to Individual

YOU ARE ENTITLED TO A COPY OF THIS REQUEST

Form Submission Instructions

Steps for returning a completed form may depend on whether you obtained the form online, received it by email or through another means. Please read the instructions below to decide which submission method suits you best. If the form specifies a preferred method, please follow those directions instead.

Online: Download the form and fill it out in the free Adobe Reader (get.adobe.com/reader) or fill out the form online if that option exists and then download it to your device. Save the completed form to your computer or device.

Submission:

BY MAIL — Print and mail the completed form to:

Blue Cross Blue Shield of Wyoming, PO Box 2266, Cheyenne, WY 82003.

BY EMAIL — Send the form and any required documentation as attachments to a BCBSWY email address, if one is provided.

BY SECURE UPLOAD — Follow the directions below to securely upload your form to the Message Center at YourWyoBlue.com (www.yourwyoblue.com). Click the link or scan the QR code.

After logging in to your **YourWyoBlue.com** account, and going to the **Message Center**:

STEP 1

Click on the **CONTACT US** button near the bottom of the page.

STEP 2

Select the plan the form applies to from the list in the **CONTACT US** panel.

STEP 3

Select General–Other as the **Message Topic**.

STEP 4

Include any message in the **Questions & Comments** box.

STEP 5

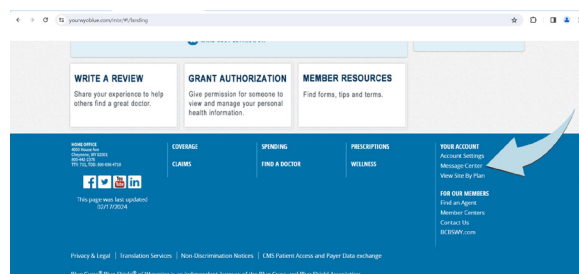
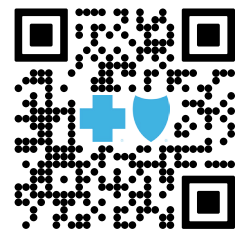
Click on the paperclip icon next to **Attach file** and attach completed form from its location on your device.

STEP 6

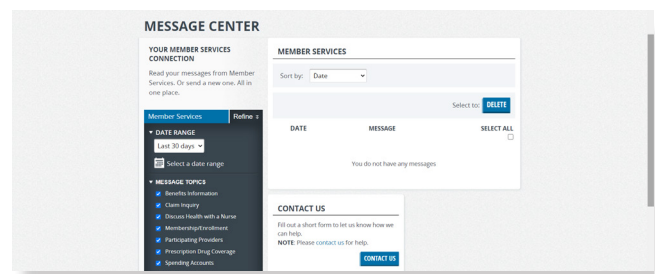
Fill in remaining information (*Phone number, *Best time to call, and *May we leave a message...?)

STEP 7

Click on the **SUBMIT** button to upload your saved form securely.



Message Center link, Desktop View



Contact Us button, Desktop View