Change to Protected Health Information (PHI) form for Hennepin Health members

Please use this form to request a change or update to your health information (PHI) in our records. Your request will be processed within 60 days. If your request is denied, you can submit an appeal in writing.

Contact Member Services at 612-596-1036 (TTY 800-627-3529) with any questions.

Member name	Member date of birth	Member ID
Member address		
What information should be changed?		
Please explain why the information needs to be updated or changed. What is the correct information? You may use additional sheets and attach them to this form.		

We will provide your changed or updated information to others with whom Hennepin Health shared your information in the past. This includes those who may rely on such information for your health care. For us to do this, please check the box below.

☐ I am allowing Hennepin Health to release any changed or updated information to individuals or entities described above.

Would you like to send this information to anyone else? ☐ Yes ☐ No If yes, please specify name(s) and address(es).

Member or personal representative signature Date

(Personal representative – please state your relationship to the member)

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