



Request to Amend Personal Health Plan Information

Form Received By _____

Date _____

With certain exceptions, you have a right to request that the Pacific Gas and Electric Company Health Care Plan for Active Employees, The Pacific Gas and Electric Company Health Care Plan for Retirees and Surviving Dependents, and Pacific Gas and Electric Company Health Care Flexible Spending Account Plan (collectively, "Health Plan") amend your protected health information (PHI) in a "Designated Record Set." The Health Plan may deny your request for a number of reasons. For example, your request may be denied if the PHI is accurate and complete; was not created by the Health Plan (unless the person or entity that created the PHI is no longer available); is not part of the Designated Record Set; or would not be available for inspection (e.g., psychotherapy notes or information compiled for civil, criminal or administrative proceedings).

1. Employee/Retiree Name	1a. Employee/Retiree PERNO
1b. Employee/Retiree Date of Birth	
2. Name of Person Whose Records You Are Requesting	2a. Relationship to Employee Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>
3. Your Name	3a. Your Relationship to Person in Box 2 Self <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> <input type="checkbox"/> Other (please describe relationship):
4. Mailing Address for Records	4a. City, State, Zip Code

I request that the Health Plan amend the following PHI in a personal health plan record **[describe the specific personal health plan information that is the subject of the Amendment request]:**

The identified information should be amended because:

I understand that if the Health Plan approves my request to amend PHI a health plan record, the Health Plan will not necessarily delete the original information in the Designated Record Set, but instead may choose to identify the information in the Designated Record Set(s) that is the subject of my request for Amendment and provide a link to the location of the Amendment.

Signature _____

Date _____