



**Statement of Disagreement**  
**Request to Include Amendment Request and Denial with Future Disclosures**

Date of Request: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Member CIN: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

I understand that CalOptima Health denied my request to change my Protected Health Information (PHI). My request was dated: \_\_\_\_\_.

**Choose only one (1) box below:**

I understand that CalOptima Health may prepare a rebuttal to my Statement of Disagreement. A “rebuttal” is a statement of why CalOptima Health thinks my Statement of Disagreement is not accepted. If CalOptima Health prepares a written rebuttal, I will receive a copy.

I want to file this “Statement of Disagreement.”  
I disagree with the denial because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I do not want to file a “Statement of Disagreement” but I would like CalOptima Health to include my change request and the denial with all future disclosures of the information that have to do with my change request.

**YOUR RIGHTS:**

For more information about your privacy rights, please refer to your copy of the CalOptima Health Notice of Privacy Practices. A copy can be found on our website: [www.caloptima.org](http://www.caloptima.org), or from CalOptima Health’s Customer Service Department by calling **1-714-246-8500** or toll-free at **1-888-587-8088**, Monday through Friday from 8 a.m. to 5:30 p.m. Members with hearing or speech impairments can call our TDD/TTY line toll-free at **1-800-735-2929**. We have staff who can speak your language.

If you believe your privacy rights have been violated, you may file a complaint with CalOptima Health or with the secretary of the Department of Health and Human Services. To file a complaint with CalOptima Health, contact CalOptima Health Customer Service Department at 1-714-246-8500. CalOptima Health cannot take away your health care benefits or do anything to hurt you in any way if you choose to file a complaint or use any of the privacy rights in this Notice.

**SIGNATURE:**

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

If Authorized Representative (please include legal documentation):

Print Name: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_

