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, 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 711. 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: _____