GUARDIAN℠

Amendment of PHI Request

You have the right to request an amendment to your Protected Health Information (PHI), created by Guardian, if you feel it is not correct or incomplete. You have the right to request an amendment for as long as the information is kept by Guardian. You must provide a reason that supports your request.

Guardian reserves the right to deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by Guardian, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for Guardian;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Member Information: (Individual whose information will be released)

Name: _____ Date of Birth: _____
(First, Middle, Last) (Month/Day/Year)

Address: _____
City State Zip Code

Telephone Number: _____
(including area code)

Employer Name: _____ Group Plan #: _____

Employee Name: _____ Social Security Number: _____

Please provide as much detail as possible regarding the correction or amendment you seek to your protected health information. Be as specific as possible regarding the record type, the location, the date and the problem. For instance, "The request for pre-authorization of December 5, 2003, references a laboratory test from ABC laboratory for a blood test that I never received" or "Dr. Jones indicated in the records submitted with a claim on December 5, 2003, that I was suffering from weakness in my right leg when in fact the weakness is in my left leg." Such information will assist us in locating the record and information you want corrected. (Please state as precisely as possible how you would like to see the record worded.)

_____

_____

_____

_____

Print Name: _____ Relationship: _____

Signature: _____ Date: _____

Note that no amendment request will be processed unless you or your authorized representative have signed this form.

If you are an authorized representative (other than a parent of a minor child), you will need to provide documentation or an explanation of your authority to act for the member (e.g., Power of Attorney).

Please send this form to:

The Guardian Life Insurance
Company of America
Group Quality Assurance
P.O. Box 2457
Spokane, WA 99210-2457