IOWA HHS

Iowa Department of Health and Human Services

Request to Amend Health Information

Name of Client	Date of Request	
Mailing Address – Street or P.O. Box	Social Security Number, Patient Number, or State ID	
City, State, and Zip Code	Phone Number	Birth Date

Check all of the programs that apply: ☐ Medicaid ☐ ***hawk-I*** ☐ Facility

To be completed by the client or the client's personal representative

I request that the Department of Health and Human Services amend the following health information in my record. I understand that I can expect an answer in 60 days unless the Department writes to me, giving me the reasons more time is needed (up to 30 more days).

I understand that the Department is not required to agree to my request, but if it does agree, the Department will make the amendments as requested and will provide them to the persons I have identified and to other persons who may have relied on the information to my harm.

I also understand that if my request is not approved, I may appeal the denial of my request. If I lose my appeal, the Department will attach information regarding my request and the appeal to my record.

If I do not appeal, I may ask the Department to include my request and the Department's decision with any future releases of the information, and the Department will do so.

(Be specific about the answers to these questions. Attach additional pages if necessary.)

I would like the following health information amended: *(Name the subject of the information. Give the dates of the information. It cannot be before April 14, 2003.)*

_____

_____

I want this information amended as follows: _____

_____

_____

I want this information amended because: _____

_____

_____

I want this amendment sent to: (Name of person or agency and address): _____

_____

Client or Personal Representative's Signature	Date

To be completed by Security and Privacy Office	
☐ Request is granted. ☐ Request is denied. Reason for denial: _____ _____	
Manual and Rule Reference:	
Security and Privacy Office Signature	Date

You Have the Right to Appeal

What is an appeal?

An **appeal** is asking for a hearing because you do not like a decision the Department of Health and Human Services (HHS) makes. You have the right to file an appeal if you disagree with a decision. You do not have to pay to file an appeal. [441 Iowa Administrative Code Chapter 7].

How do I appeal?

Filing an appeal is easy. You must appeal in writing by doing **one** of the following:

- Complete an appeal electronically at https://hhs.iowa.gov/programs/appeals, **or**
- Write a letter telling us why you think a decision is wrong, **or**
- Fill out an Appeal and Request for Hearing form. You can get this form at your county HHS office.

Send or take your appeal to the Department of Health and Human Services, Appeals Section, 321 E Walnut Street, Des Moines, Iowa 50319. If you need help filing an appeal, ask your county HHS office.

How long do I have to appeal?

You must file an appeal:

- Within 30 calendar days of the date of a decision or
- Before the date a decision goes into effect

If you file an appeal more than 30 but less than 90 calendar days from the date of a decision, you must tell us why your appeal is late. If you have a good reason for filing your appeal late, we will decide if you can get a hearing.

If you file an appeal 90 days after the date of a decision, we cannot give you a hearing.

Can I continue to get benefits when my appeal is pending?

You may keep your benefits until an appeal is final or through the end of your certification period if you file an appeal:

- Within 10 calendar days of the date of a decision or
- Before the date a decision goes into effect

Any benefits you get while your appeal is being decided may have to be paid back if the Department's action is correct.

How will I know if I get a hearing?

You will get a hearing notice that tells you the date and time a telephone hearing is scheduled. You will get a letter telling you if you do not get a hearing. This letter will tell you why you did not get a hearing. It will also explain what you can do if you disagree with the decision to not give you a hearing.

Can I have someone else help me in the hearing?

You or someone else, such as a friend or relative can tell why you disagree with the Department's decision. You may also have a lawyer help you, but the Department will not pay for one. Your county HHS office can give you information about legal services. The cost of legal services will be based on your income. You may also call Iowa Legal Aid at 1-800-532-1275. If you live in Polk County, call 515-243-1193.

Policy Regarding Discrimination, Harassment, Affirmative Action and Equal Employment Opportunity

It is HHS policy to provide equal treatment in employment and provision of services to applicants, employees and clients without regard to race, color, national origin, sex, sexual orientation, religion, age, disability, political belief or veteran status.

If you feel HHS has discriminated against or harassed you, please send a letter detailing your complaint to:

Iowa Department of Health and Human Services, Office of Human Resources, Lucas Building, 321 E. Walnut, Des Moines IA 50319; fax (515) 281-4243 or via e-mail FDHS@hhs.iowa.gov.