

DATE:

TO: [Patient making request for amendment]
[Patient address]

FROM: [Privacy Official]

RE: **Denial of Request for Correction or Amendment of Health Information**

Your request for correction or amendment of health information dated _____ has been denied for the following reason(s):

- The protected health information was not created by this organization
- The protected health information is not part of our designated record set
- You do not have a right of access to this protected health information
- The protected health information is accurate and complete

If you disagree with this denial, you have a right to submit a written statement of disagreement to:

[ENTITY]
[Privacy Official-NAME OR TITLE AND OFFICE]
[ENTITY ADDRESS]
[ENTITY TELEPHONE NUMBER]

If you do not wish to submit a statement of disagreement, you may request, in writing, that we provide your request for amendment and the denial with any future disclosures of the protected health information that is the subject of the amendment to the individual listed above.

If you wish to file a complaint regarding this policy or procedure, you may file your complaint with the person listed above or you may file a complaint directly with the Secretary of the U.S. Department of Health and Human Services, at the Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201.

CC: FILE