

LETTER DENYING REQUEST TO AMEND PHI

Name
Company
Street
City/ST/ZIP

Dear _____ :

We received your request to amend your health information record. We reviewed your request. Unfortunately, we cannot honor your request because:

- ___ This health information was not created by this organization.
- ___ By law, you may not access the health information and may not amend it.
- ___ Your request does not pertain to your medical and financial records.
- ___ The existing health information is accurate and complete.

You may contact **[insert name/title of person]** at our office at **[insert telephone number and address]** if you want to write a brief statement of disagreement to be added to your medical record. This is your right. It may include:

- the reason(s) you believe the health information should be amended;
- why you disagree with this decision to deny your request.

If you do not submit a statement of disagreement, you may request that in future disclosures we include a copy of:

- your original request to amend the health information, and
- this letter.

If you wish to make this request:

- sign and date here _____; and
- return this form to us.

If you believe your privacy rights have been violated, you may deliver a written complaint to **[insert name/title of person]** at our office at **[insert telephone number and address]**. We will review your complaint and attempt to resolve your concerns in a satisfactory way. You may also file a complaint with the Secretary of Health and Human Services.

Sincerely,
[Officer of the Covered Entity]