

**DENIAL OF REQUEST FOR AMENDMENT**

Patient Name \_\_\_\_\_

I try to ensure that the information in your records is complete and accurate. Nevertheless, mistakes can occur and, when they come to my attention, I correct them. You have requested that I amend your PHI. I cannot agree to amend your record for the reasons indicated hereunder.

\_\_\_ To the best of my knowledge, the Information In your record is complete and accurate.

\_\_\_ You did not give enough information to make it clear that your records are Incomplete or contain errors. Please provide me with any additional information you may have.

\_\_\_ The information you want to have amended is not part of the record that may be amended. The only part of the record that may be amended IS that part containing your clinical and billing information or any part of the record used to make decisions about your care.

\_\_\_ The information IS contained in the record that the law and other regulations do not permit you to access. Please see the attached document that explains why you cannot access the information.

\_\_\_ You did not request the amendment in writing, as required.

\_\_\_ Someone other than myself created the information you want to amend. Please send your request to the individual who created the information.

**Your Rights If You Disagree with My Denial**

If you disagree with my decision to deny the amendment, you are entitled to file a statement of disagreement in writing. Please submit it to my privacy officer or me:

Name and Number: \_\_\_\_\_

Note: A statement of disagreement must be reasonable in length. Also, I have the right to file a rebuttal to your statement of disagreement. If I do, I will ensure that you get a copy of my rebuttal.

A copy of your statement of disagreement and my rebuttal, or a summary of them, will accompany any future disclosure of the information in question.

If you do not wish to file a statement of disagreement, you still may request that I append a copy of your amendment request and a copy of my denial to this information whenever it may be disclosed in the future.

### **Filing a complaint**

Whether or not you may request a review of my decision, it IS still your right to file a complaint with me. It may be submitted directly to me, or to my privacy officer.

You also have the right to file a complaint with the Secretary of the US. DHHS. If you do, you must include my name and the nature of your complaint, that is, denial of amendment. Your complaint must be in writing and must be sent within 180 days from the day of submission (although the secretary may waive this time limit in some cases).

I regret that I cannot grant your request. I will be happy to discuss the matter with you at any time.

Sincerely,