

[NAME OF PRACTICE]

DENIAL OF REQUEST FOR AMENDMENT OF HEALTH INFORMATION

Dear _____:

We have reviewed your request for amendment of your medical records. We are denying your request for the following reason:

_____ We believe the records identified in your request are accurate and complete.

_____ **[Part of the <or> The]** information you requested is not contained in our designated record sets. This means that we do not use the information you requested to make decisions relating to your health benefits. Accordingly, we are not required to provide it under the federal Privacy Rule.

_____ We did not create the records identified in your request. If you believe the person or entity that created the record is no longer available to respond to a request for amendment, please notify us and we will reconsider your request.

_____ We have determined that the records you identified in your request would not be available for inspection under the "right of access" provisions of the federal Privacy Rule, and therefore are not subject to amendment.

If you disagree with our denial, you may submit a written statement setting forth the basis for your disagreement. If you choose not to file a statement of disagreement, you may ask that we include your request for amendment and our denial of your request with any future disclosures of the records at issue. If you wish to pursue either option, please submit in writing your statement of disagreement or your request that we include in future disclosures your amendment request and our denial of that request to:

[Name of Privacy Official], Privacy Official
[Name of Practice]
[Address of Practice]

You may submit a complaint about this denial to us. If you choose to do so, please direct your complaint as indicated below. Please note that your complaint is not considered an appeal of our denial.

[Name of Privacy Official], Privacy Official
[Name of Practice]
[Address of Practice]
[Telephone Number of Practice]

You may also submit a complaint about this denial to the head of the U.S. Department of Health and Human Services. Your complaint must be in writing, either on paper or electronically, and must include the following information: (1) our name, and (2) a description of the acts or omissions that you believe violate our responsibilities under the Privacy Rule. Your complaint must be filed within 180 days of the date of this letter.

Please call us at [Practice Telephone Number] if you have any questions.

Sincerely,

[Name of Privacy Official], Privacy Official
[Name of Practice]