Date

Name

Address

Dear      ,

I received your statement of disagreement in response to our letter notifying you that your amendment request was denied. After considering your initial request, the denial of the request, your statement of disagreement, and your record, I have determined that:

[ ]  The initial amendment request that you submitted will be honored and the requested amendment will be made.

[ ]  Your request is still denied. Your request for amendment, our denial of the request, your statement of disagreement, and our rebuttal statement will be added to your record and will be included with any future disclosures regarding that information.

You may file a complaint with the Secretary, U.S. Department of Health and Human Services.

Sincerely,

[Signature]