Date

Name

Address

Dear      ,

You requested an amendment to [name of client/patient] records. We reviewed this request and have decided the following:

[ ]  Your amendment request has been accepted.

[ ]  A portion of your amendment request has been accepted. The following information will be amended:

We will make reasonable efforts to inform and provide the amendment within a reasonable time to any organization or individual you identified that needs the amendment and any other entity that we know of that may have information affected by this amendment.

[ ]  Your amendment request has been partially denied or denied in full for the following reason(s):

[ ]  The information was not created by this organization.

[ ]  The information is not part of your records.

[ ]  The information is accurate and complete.

If you disagree with this decision, you may submit a written statement of disagreement, which will be attached to your record. We will provide this information to any entity to whom the affected information is disclosed in the future. If you do not wish to submit a statement of disagreement, you may request that we include your request for amendment and this denial with any future Disclosures**.**

If you want to file a complaint about our decision, you may file a complaint with the Privacy Officer at [Department] [general number of Department] or the Secretary, U.S. Department of Health and Human Services.

Sincerely,

[Signature]