

**PLUMAS COUNTY, CALIFORNIA**

**RESPONSE TO  
REQUEST TO AMEND PROTECTED HEALTH INFORMATION**

Date: \_\_\_\_\_

Dear \_\_\_\_\_:

We received your request to amend your protected health information.

☐ We need more time to process your request because \_\_\_\_\_. We respond to your request by \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

☐ We will make the change as you requested and will notify the persons you designated of the change.

☐ We will make the change you requested, but only in part and will notify the persons you designated of the change. The part of the change we will make is:

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The part of the change we will not make is:

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We will **not** make the change you requested because:

- ☐ You did not include a reason to support your request.
- ☐ The information we have is complete and accurate.
- ☐ We did not create the information you want changed and you did not give us a reasonable basis to believe the originator of the information is no longer available.
- ☐ The information you want changed is not information you have a right to access.
- ☐ The information you want changed is not part of the designated record set.
- ☐ Other: \_\_\_\_\_

If we denied your request to change your protected health information, in whole or part, you may submit a “Statement of Disagreement.” If you do not submit a “Statement of Disagreement,” you may ask us to include your amendment request and our denial along with all future disclosures of the information you wanted changed.

To submit a “Statement of Disagreement,” please write Statement of Disagreement on the top and send or bring it to:

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Sincerely,