

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:

The part of the change we will not make is:

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:

Sincerely,