

NOTIFICATION OF RECORD AMENDMENT DENIAL

(Date)

(Name)

(Address)

Dear (Individual)

We are denying the request to amend your records that we received from you on ____/____/____. The reason(s) we have determined that your request should be denied are:

- We do not have the records you wish to amend in our designated record sets.
- We did not create the records you wish to amend and we believe that the person or entity that did create the records is available to amend them.
- We believe the records you wish to amend are complete and accurate.
- The record you have requested is not available for inspection under HIPAA.
- The records you asked to amend are not subject to your right to amend because they are not covered under HIPAA.

Your options:

You may submit a written statement disagreeing with our decision to the HIPAA Privacy Officer at the address listed below. If you do, we will append or link your statement to the records you wanted amended (if we have those records in our designated record set) for inclusion in disclosures of those records. We may prepare and send you a rebuttal to your statement and, if we do, we will append or link our rebuttal to those same records for inclusion in future disclosures of those records. In the alternative, we may substitute an accurate summary of your written statement and our rebuttal with future disclosures of those records.

Instead of submitting a written statement of disagreement, you may ask that your request to amend those records and this denial be appended or linked to those records to be included with future disclosures. We may substitute an accurate summary of your request and this denial with future disclosures.

You may file a complaint about our denial of your amendment request with us or with the Secretary of the United States Department of Health and Human Services, (*address and phone number*). Please contact the HIPAA Privacy Officer at (*Agency name, address and phone number*).

If you have questions, wish to discuss the denial, file a written statement disagreeing with the denial, file a complaint or review your options, please contact: HIPAA Privacy Officer at (*Agency name, address and phone number*).

Sincerely,

By: _____

Privacy Officer

[Agency Name and Address]