



APPROVAL OF REQUEST TO AMEND HEALTH RECORDS

(Date)

(Name)
(Address)

Dear *(Individual)*

We are granting or partially granting the request to amend your records that we received from you on ____/____/____. We have amended our designated record sets to reflect the following amendment, and have notified our business associates and others as appropriate of the amendment. We have also notified the persons you designated and for whom you provided a signed authorization of the amendment.

If you have questions, have others you want notified of the amendment or wish further information, please contact:

Sincerely,

By: _____
Privacy Officer

(Agency Name and Address)