

ATTACHMENT B

Sample Letter to Notify Other Entities of Amendment

Date: _____

Name: _____

Address: _____

RE: Amendment of Patient Information

Patient Name

Dear _____:

We have agreed to a request from the above listed patient to amend his/her health information as outlined on the attached form titled "Request for Amendment of Health Information".

In compliance with 45 CFR, Standards for Privacy of Individually Identifiable Health Information, Section 164.526 – Amendment of Protected Health Information, we are notifying you of this information.

Sincerely,