

**ATTACHMENT A**

**Sample Letter to Patient for Approved Amendments**

Date  
Patient Name  
Address  
Address

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

Your request to amend your health information (see attached form), has been approved and we are in the process of notifying the individuals and or organizations that you have identified.

In addition we have identified the following individuals and/or organizations that received your health information. If you would like us to notify the individuals and organizations listed below, please sign, date, and return this statement and we will continue with the notification process. Please include the name and address of anyone else that you believe we may disclosed information in the past that you would like to receive your amended health information.

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If you consent to this please sign and date below and we will proceed with the notification process.

\_\_\_\_\_  
Signature of Patient or Patient's Personal Representative

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

\_\_\_\_\_  
Representative's Authority to Act for Patient

\_\_\_\_\_  
Description of