

ATTACHMENT C

**Sample Letter to Notify Individual's of a Delay
in Their Amendment Request**

Date

Patient or Representative
Address
City, State, ZIP Code

Dear (Patient Name):

Your request for an amendment of your health records, dated _____, is still under consideration. We are experiencing a delay in responding to your request because

and we will act upon your request within the next 30 days.

We will notify you of our decision by _____ Date: _____

Sincerely,

HIM Director, Business Office Director, or Record Custodian Representative
cc: Medical or Billing Record of Patient