

## ATTACHMENT E

### Sample Letter to Patient Re: Denial Requests for Amendment

Date  
Patient or Representative  
Address  
City, State, ZIP Code

Dear [Patient Name]:

This is to inform you your request to amend information in your medical or billing records is denied because the:

Information was not created by us. If you can provide a reasonable basis for us to believe the originator of your protected health information is no longer available to act on your request, we will reconsider this decision and may proceed with the amendment. If you believe this to be the case, please contact the person named above at (phone, address).

Information is not part of the medical information of our facility.

Information is not part of the medical information that you would be permitted to inspect and copy.

Information is accurate and complete.

If you disagree with our conclusion, you may file a statement of disagreement with the facility. Submit your written statement to (name, title, and phone number of contact person or office responsible for handling amendments of medical or billing records.)

- If the facility does not agree with your statement of disagreement, we will provide you with a copy of our rebuttal.
- If you do not wish to submit a written statement of disagreement, you may still request that we provide your request for amendment and our denial with any further disclosures of the related protected health information. Submit your written request to [name, title, and phone number of contact person or office responsible for handling amendments of medical or billing records.]

Should you wish to file a complaint regarding this issue, you may submit your complaint in writing to the Privacy Officer at [name of facility, phone number]. You may also file a complaint with the Secretary of the Department of Health and Human Services [name, address, phone number].

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Signature of Facility Representative