

**Attachment B to Policy 07-02-01.3**

**Amendments to Protected Health Information Policy**

**SAMPLE FORM  
AMENDMENT DENIAL LETTER**

[DATE]

[NAME & ADDRESS OF INDIVIDUAL]

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

You recently requested that we amend your medical protected health information and/or records. After conducting a careful and thorough review of your request, we hereby notify you of our denial to honor your request.

This denial is based on one or more of the following:

- The protected health information or record that is the subject of your request was not created by us.
- The protected health information or record that is the subject of your request is not part of the records.
- The protected health information or record that is the subject of your request is not available for inspection in accordance with 45 C.F.R. Section 164.524 as the information may include one or more of the following:
  - consists of psychotherapy notes, or
  - is or will be compiled in reasonable anticipation of a civil, criminal or administrative action or proceeding, or
  - is prohibited by law
- The protected health information or record that is the subject of your request is accurate and complete.

Please be advised that if you disagree with this decision, you can submit a written statement to us indicating your disagreement along with the basis of such disagreement (the "Statement of Disagreement"). To file such a statement, please submit a letter to the Medical Record Department of the originating Component or the Director of the Component.

Additionally, if you do not submit a Statement of Disagreement, you may request that we provide your amendment request and this denial with any future disclosures of the protected health information that is the subject of the amendment.

Lastly, you have the right to file a complaint in accordance with the following:

1. In accordance with the University Policy entitled "Complaint Management Process Pursuant to the HIPAA Privacy Rules." This policy provides details on how an individual can file a complaint directly with the University or with the Secretary of Health and Human Services.
2. To the Secretary of Health and Human Services if you believe that the University did not comply with the applicable requirements of 45 C.F.R. 160 or subpart E of part 164. In order to file such a complaint, it must meet the following requirements:
  - Must be filed in writing (paper or electronically)
  - Must name the entity that is the subject of the complaint along with a description of the acts or omissions believed to be in violation
  - Must be filed within one hundred eighty (180) days of when you knew or should have known that the act or omission complained of occurred (unless this time limit is waived by the Secretary of Health and Human Services).

Please contact me should you have any questions regarding this matter.

Sincerely,

Title