

**SAMPLE LETTER DENYING REQUEST TO AMEND PHI**

Name  
Company  
Street  
City/ST/ZIP

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

We received your request to amend your health information record. We reviewed your request. Unfortunately, we cannot honor your request because:

- \_\_\_ This health information was not created by this organization.
- \_\_\_ By law, you may not access the health information and may not amend it.
- \_\_\_ Your request does not pertain to your medical and financial records.
- \_\_\_ The existing health information is accurate and complete.

You may contact [insert name/title of person] at our office at [insert telephone number and address] if you want to write a brief statement of disagreement to be added to your medical record. This is your right. It may include:

- the reason(s) you believe the health information should be amended;
- why you disagree with this decision to deny your request.

If you do not submit a statement of disagreement, you may request that in future disclosures we include a copy of:

- your original request to amend the health information, and
- this letter.

If you wish to make this request:

- sign here \_\_\_\_\_; and
- return this form to us.

If you believe your privacy rights have been violated, you may deliver a written complaint to [insert name/title of person] at our office at [insert telephone number and address]. You may also file a complaint with the Secretary of Health and Human Services.

***We respect your right to file a complaint with us or with the Secretary of Health and Human Services. If you choose to take this action, we will not retaliate against you!***

Sincerely,  
[Officer of the Covered Entity]