



REQUEST FOR AMENDMENT- EXTENSION NOTIFICATION

[Date]

[Patient Name]

[Street Address 1]

[Street Address 2]

[City, State Zip Code]

Re: Request For Amendment Of Health Information

Dear [Patient Name]:

This letter responds to your request that we amend your health information, which we received from you on _____.

We have been working hard to determine whether we can grant your request. We are usually able to process requests within 60 days. However, for the following reason(s), we need an additional 30 days to respond to your request:

- ☐ We are still working to access the information that you would like amended.
- ☐ We are still preparing the amendment you requested.
- ☐ We are working to verify whether the information is inaccurate and incomplete without the amendment you requested.
- ☐ We need more time because _____.

We expect to have a final answer for you no later than _____. If additional time is required, we will notify you again.

Please contact the _____ Department of SUNY Downstate Medical Center University Hospital of Brooklyn at (718)270-_____ if you have questions or concerns about this delay.

Sincerely,

_____ Department