



**REQUEST FOR AMENDMENT- NOTICE OF DENIAL LETTER**

[Date]

[Patient Name]

[Street Address 1]

[Street Address 2]

[City, State Zip Code]

Re: Denial of Request To Amend Health Information

Dear [Patient Name]:

This letter responds to your request that we amend your health information, which we received from you on \_\_\_\_\_. For the reasons stated below, we are denying your request:

- The request was not in writing.
- The request did not explain why you believe we should make the amendment.
- The information you would like to have amended is not available in records that we use to make decisions about you or your treatment.
- The information you would like to have amended was not created by SUNY Downstate. You may wish to ask the person or organization that created the information for an amendment.
- The information you requested cannot be amended because you are not entitled to inspect this information. The reason you are not entitled to inspect the information is \_\_\_\_\_.
- We believe that the information is not inaccurate and incomplete without the amendment you requested.

You have the right to submit a statement explaining your disagreement with our decision to deny the amendment you requested. This statement must be in writing and should be no longer than two (2) pages. We will include your statement, or an accurate summary of it, any time we disclose to others the protected health information that you think should have been amended. However, we reserve the right to prepare a response to your statement of disagreement, called a rebuttal statement, which we may also include when we make future disclosures of the information that you think should have been amended. If you wish to exercise this right, please send your statement of disagreement to:

SUNY Downstate Medical Center University Hospital of Brooklyn  
Department of \_\_\_\_\_ - Box # \_\_\_\_\_  
Correspondence Unit  
450 Clarkson Ave.  
Brooklyn, NY 11203

If you do not submit a statement of disagreement, we will include only your amendment request and this denial notice in any future disclosures of the information which you think should have been amended.

We hope that you will understand the reason that we have denied the amendment you requested. However, if you believe that we have improperly handled your request, you may file a complaint with us or with the Secretary of the United States Department of Health and Human Services. To file a complaint with us, please contact the Department of Patient Relations at (718) 270-1111. *No one will retaliate or take action against you for filing a complaint.*

Sincerely,

\_\_\_\_\_ Department