

**Response to Request to Amend
Protected Health Information**

**Contact Person: Laurie Carr, 303-497-8702, lcarr@ucar.edu, CG4
Fax 303-497-8701**

Dear _____:

We received your request to change your health information dated _____, and have the following response:

- We will make the change you requested and notify the people you listed of the change.
- We need more time, and will send you a response by _____.
(no later than ninety (90) days after receipt of your request)
- We will grant your request in part, and make the following change:

- We will not make the change you requested. If we did not make the change, or the entire change you requested, it was because:
 - You do not have the right to access the information you want changed.
 - We did not create the information you want changed, and have no reasonable basis to believe the person who created the information cannot act on your request.
 - The information is already accurate and complete.
 - Other: _____

If we denied your request in whole or in part, you may request that we include with all future disclosures of the contested information either a "Statement of Disagreement" or a copy of your request for amendment and our denial.

If you want to submit a "Statement of Disagreement" or if you want us to include your request for amendment and our denial with future disclosures of this information, please complete the attached form and return it to us.

Sincerely,

Signature

Print name

Date

NOTE: If you believe your rights have been violated, you may file a complaint with UCAR's Contact Person or Privacy Officer. You will not be penalized for filing a complaint.