

**Response to Rejection of Amendment Request**  
**Contact Person: Laurie Carr, 303-497-8702, lcarr@ucar.edu, CG4**  
**Fax 303-497-8701**

I understand that my request for amendment of my health information dated \_\_\_\_\_  
was denied.

**Please choose only one of the following:**

**1. STATEMENT OF DISAGREEMENT**

I want the following statement of my disagreement with your denial of my request for amendment of my health information to be included with all future disclosures of the contested health information. I disagree with the denial because:

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I understand that you may distribute a rebuttal to this Statement of Disagreement, and that if you write a rebuttal you will send me a copy.

**2. REQUEST FOR INCLUSION OF MY REQUEST FOR AMENDMENT AND YOUR DENIAL**

I want my request for amendment and your denial notice to be included with all future disclosures of the contested health information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Telephone

**If not signed by the employee or spouse, please indicate relationship:**


- parent or guardian of minor child
- guardian or conservator of an incompetent individual
- beneficiary or personal representative of deceased individual
- other (specify)

**Name of Individual:** \_\_\_\_\_