Response to Request to Amend
Protected Health Information

Contact Person: Laurie Carr, 303-497-8702, lcarr@ucar.edu
Fax 303-497-8709

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.

Rev. 8/13