



LETTER DENYING REQUEST TO AMEND

Date: _____

Dear _____:
(Patient or Personal Representative)

Your request to amend your medical record has been reviewed and the health department has determined that it is not appropriate to amend the health information as the information for which you requested amendment is:

- R Not Part of the Designated Record Set
- R Is Accurate and Complete
- R Is Not Available for Inspection Under the Privacy Regulation.

If you disagree with the determination of the health department to deny your request to amend, you may submit a written statement on one side of an 8 1/2 by 11 piece of paper disagreeing with the denial of the requested amendment and your basis for such disagreement.

In response to your statement of disagreement, the health department may prepare a statement of rebuttal which will become part of your medical record. If you do not submit a statement of disagreement, a copy of your request to amend and our denial letter will be provided with any subsequent disclosure of the record if you so request. If you so desire, you may file a complaint with the privacy officer of the health department, or the secretary of Health and Human Services regarding our decision. Any correspondence or complaints regarding this denial should be sent to:

Privacy Officer
LaSalle County Health Department
717 Etna Road
Ottawa, Illinois 61350
815-433-3366
Sincerely,

Privacy Officer

cc: Patient Record