

**GROUP HEALTH PLAN'S RESPONSE TO
AMENDMENT OR CORRECTION REQUEST**

NAME OF PLAN:

TO:

FROM:

Grant

Your request to amend or correct your health information has been granted. The Plan will make an appropriate amendment to the designated record set.

You must provide the Plan with the names of any persons to which you wish to provide the amended information. The Plan then will make reasonable efforts to inform these individuals and persons that the Plan knows may have relied or could rely on the information of the amendment within a reasonable time.

Need for Extension of Time

The group health plan received your request to amend health information on _____
The group health plan has evaluated your request to amend health information. A delay in action is necessary for the following reason:

Need To Research The Information Further

Other Reason _____

The group health plan will respond to your request within 60 days from the date of the request.

Denial of Amendment

The group health plan received your request to amend health information. Your request is denied for the following reason:

Reason _____

Statement of Disagreement

You have the right to file a written statement disagreeing with the denial of amendment. The statement of disagreement must be limited to two single-sided 8-1/2 x 11 pages. The statement of disagreement should be filed within 60 days of this notice with the Privacy Officer of the Plan Sponsor. The Plan has the right to prepare a rebuttal statement to your statement of disagreement. If it does so, you will receive a copy.

If you do not submit a statement of disagreement, you may request that the Plan provide your request for amendment and this denial of amendment with any future disclosures of protected health information that is the subject of this request.

You may file a complaint regarding this decision with the group health plan or the U.S. Department of Health and Human Services. The form to complain is available at: www.hhs.gov/ocr/hipaa.

Please contact me at the following phone number with questions: _____