



Amendment Denial Letter

UT Health San Antonio

Date: _____

Dear _____,

We received your request to amend or make changes to your health record. We have denied your request for the following reason(s):

_____ The health information was not created by this organization.

_____ The health information is not part of your medical record.

_____ The health information contained in your record is accurate and complete as it is.

_____ The health information is not available to you for review according to federal law.

You have the right to give us a written statement disagreeing with this denial. If you choose to disagree with the denial, you may contact me at the telephone number at the bottom of this letter.

Even if you do not send us a written disagreement with our decision, you may request that for future disclosures of this health information, we provide your original request for the amendment, along with our denial of the request. If you would like us to do that, please contact me at the telephone number below.

If you are not satisfied with this process in any way, please call the UT Health San Antonio Privacy Officer at (210) 567-2014. You also have the right to contact the U.S. Department of Health and Human Services.

If you have any questions that I can answer for you, or if I can help you in any way, please call me at the number listed below.

Sincerely,

Name: _____

Department/Division: _____

Telephone Number: _____