

**UNIVERSITY OF FLORIDA**  
**INFORMATION PRIVACY POLICIES & PROCEDURES**  
**HEALTHCARE PRIVACY MANAGEMENT**



**RESPONSE TO REQUEST FOR AMENDMENT OF A  
 MEDICAL RECORD**

**Date:** \_\_\_\_\_

Patient Name	Address	Date of Birth	Health Record #

**\*\* Complete the following only if the person making the request is not the patient:**

Name of Requestor	Relationship to Patient	Legal Authority

Dear \_\_\_\_\_:

- Your request for amendment of health information has been agreed to with the following qualifications:**  
 \_\_\_\_\_
- Review of your request has been delayed for the following reason:**
  - The request you submitted was not complete. Please complete the sections marked and resubmit your request.
  - The request was not submitted by the patient, and we were unable to verify your legal authority to request an amendment. Please submit documents of legal responsibility for the patient's affairs for reconsideration.
  - We were unable to understand your request. Please contact the Privacy Officer at the address or phone number listed below to discuss your request.
- Your request for amendment of health information has been denied for the following reason:**
  - The PHI is accurate and complete
  - The PHI was not created by this organization
  - The PHI is not part of the designated record set
  - The PHI is not available for inspection according to federal law

You may submit a written statement disagreeing with this denial, which will be retained as part your medical record. Even if you do not submit a statement of disagreement, you may submit a written request that a copy of your original request and a copy of this denial of amendment be included with any future disclosures of your medical record.

You also have the right to file a complaint concerning this denial. Feel free to contact the University of Florida's Privacy Officer. In addition, you may contact the Secretary of the U.S. Department of Health and Human Services. Addresses and phone numbers are listed below.

Sincerely,

\_\_\_\_\_  
 Chief Privacy Officer  
 UF Privacy Office  
 PO Box 100014  
 Gainesville, FL 32610  
 (866) 867-4472 (HIPA)  
 privacy@ufl.edu

\_\_\_\_\_  
 The Secretary  
 U.S. Department of HHS  
 200 Independence Avenue, S.W.  
 Washington, D.C. 20201  
 (877) 696-6775  
 hhs.mail@hhs.gov