

**County of San Bernardino
Department of Behavioral Health**

Response to Request to Amend Protected Health Information (PHI)

Your request to amend your PHI is:

Accepted

Date amendment is included in the health information record: _____

Date that authorized persons were notified of record amendment: _____

Denied

Your request was denied for the following reason(s):

The PHI that you requested us to amend was not created by our agency and the agency or individual who created the PHI must make the decision to amend. Please contact the agency or individual that created the PHI that you wish to amend about your desire to amend the PHI.

The PHI that you requested us to amend is not part of the patient's designated record set. In accordance with federal regulations, only information that is part of the designated record set is subject to amendment.

The PHI that you requested us to amend is accurate and complete.

Staff Comments: _____

Your Rights Upon Receipt of a Denial:

If your request for amendment was denied, you may exercise the following rights:

You may submit a written statement of disagreement (not to exceed (1) one page in length) that will be included with the unchanged health information in any future disclosure of the information. If you submit such a statement, we have the right under the regulations to prepare a rebuttal answer to your statement and we would include our answer along with your statement in any future disclosures of the unchanged information. We are required to provide you a copy of our rebuttal answer if we decide to create one.

If you decide to not submit a statement of disagreement, you may, by checking this box, direct us to include your amendment request and this denial response with the unchanged PHI in any future disclosures or use of this information.

If you believe that we have not followed our information privacy policies or the federal regulations, you may file a complaint by contacting:

Department of Behavioral Health Office of Compliance 268 W. Hospitality, Ste. 400 San Bernardino, CA 92415 (909) 382-3080	Gary Morris Chief County Compliance and Ethics Officer 385 N. Arrowhead Ave, 5 th Floor San Bernardino, CA 92415 (909) 387-5490	Office for Civil Rights Attn: Regional Manager 50 United Nations Plaza, Room 322 San Francisco, CA 94102 (415) 437-8310 1(800) 368-1019
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Please return a copy of this form to notify us of the above right(s) you wish to exercise by checking the applicable box, submitting a written complaint or statement (if applicable) and sign this form below. If you do not wish to exercise any of these rights, retain this form for your records.

Printed Name of consumer or legal representative

Date

Signature of consumer or legal representative

Date

County of San Bernardino
Department of Behavioral Health

THIS SECTION FOR SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH USE ONLY

Written statement received? Yes No If yes, date received: _____

Rebuttal to be included? Yes No If yes, date rebuttal mailed to requester: _____

Date request received: _____ Decided within 60 days of request? Yes No

Extension required: Yes No If yes, reason give for extension: _____

Consumer notified in writing of extension on this date: _____

Name of Licensed Practitioner processing request (print): _____

Signature of Licensed Practitioner processing request: _____