

Policy (CS 30) Amendment to Protected Health Information Partial Denial Letter

[DATE]

[REQUESTOR NAME]

[REQUESTOR ADDRESS]

Dear [REQUESTOR NAME],

We have conducted a careful and thorough review of the request you submitted to [NAME OF COVERED COMPONENT] on [DATE OF REQUEST] to amend your protected health information (PHI) and/or records. This letter is to notify you that the request has been partially denied because the PHI or record:

- Was not created by us
- Is not part of the Designated Record Set (i.e. the medical and billing records maintained by the Covered Component, or records used to make decisions about individuals.)
- Is not part of the medical information that you would be permitted to inspect and copy
- Is accurate and complete

If you disagree with this decision, you can submit a written Statement of Disagreement, including the reason for your disagreement, to: [INSERT NAME AND EMAIL OF COMPONENT PRIVACY OFFICER].

If you do not wish to submit a Statement of Disagreement, you may still submit a request that any future disclosures of the PHI or record in question include a copy of your amendment request and this denial letter. Submit this request to [INSERT NAME AND EMAIL OF COMPONENT PRIVACY OFFICER].

For the portion of your request that was approved, we are required under the Health Insurance Portability and Accountability Act (HIPAA) to obtain your confirmation of the information that is being amended and to obtain your agreement to notify any relevant parties of the amendment. Relevant parties include:

- Persons, such as business associates, that we know have PHI that may have relied on, or could possibly rely on, such information to the detriment of the individual

We have identified the following relevant parties:

[REDACTED]

[REDACTED]

- Persons you identify as having received PHI that need the information contained in the amendment

Please list the name, address, and phone number of any other parties that received PHI and need the information contained in the amendment:

Please provide your consent to notify any relevant parties of the amendment to your PHI. Once we receive your agreement, we will make reasonable efforts to inform identified parties of the amendment.

Should you wish to file a complaint regarding this issue, you may submit a complaint in writing to the University of Pittsburgh Privacy Officer at the Office of Compliance, Investigations & Ethics, Craig Hall, Suites 508-516, 200 S. Craig St., Pittsburgh, PA 15260, or (compliance@pitt.edu). You may also file a complaint with the Secretary of the Department of Health and Human Services (OCRComplaint@hhs.gov). Please note that complaints submitted to the Secretary must meet the following requirements:

- Must be filed in writing (hardcopy or electronically)
- Must name the entity that is the subject of the complaint, and a description of the acts or omissions believed to be in violation
- Must be filed within 180 days of when you knew or should have known that the act or omission occurred (unless the time limit is waived by the Secretary of Health and Human Services)

Please contact me should you have any questions regarding this matter.

Sincerely,

[NAME]

[POSITION]

[NAME OF COVERED COMPONENT]

APPROVAL CONSENT: PLEASE COMPLETE AND RETURN

SECTION I:

Patient/Individual Name: _____

Patient/Individual Date of Birth: _____

Patient Individual Medical Record Number _____ OR SSN (Last 4 Digits) _____

Patient Individual Address: _____

SECTION II:

I consent to allow the University of Pittsburgh to notify any relevant party identified within this amendment approval letter.

Signature: _____

Date: _____