

To:

From:

CC:

Date:

Re: Summary of request to amend for [Name of Member]

---

**PLEASE CHOOSE APPROPRIATE PARAGRAPH DEPENDING ON SITUATION**

On [insert date] Partners in Recovery (DCC) received a request from the above-named member to amend protected health information in the designated record set in accordance with 45 CFR 164.526.

In the member's request to amend, he/she stated: [summary of request to amend]

The DCC denied this request, due to the following reason: [reason for denial]

The member submitted a statement of disagreement with the request to amend. In this statement, the member [insert summary of allegation, claim, etc].

The DCC is providing you a summary of this process in lieu of the actual statement of disagreement in accordance with 45 CFR 164.526(d)(5)(i). If you would like to obtain a copy of the actual statement, please contact the Site Administrator at your clinic at \_\_\_\_\_.

---