

FOR OFFICE USE ONLY

Date received: _____ / _____ / _____
Month Day Year

In response to your request:

- Information in your medical or billing record has been amended, in the manner you requested, and the amendment has been made a part of your permanent record.
- Your request for amendment has been made a permanent part of your medical or billing record, but the amendment itself has been denied for the following reasons:
 - The information you want amended was not created by this organization
 - The information you want amended is not a part of your medical or billing record
 - The information you want amended is not available for your access under federal or state law
 - The information you want amended is complete and accurate

Signature of practitioner

Title

_____ / _____ / _____
Month Day Year