



## RESPONSE TO AMENDMENT OR CORRECTION REQUEST

The \_\_\_\_\_ (the Larimer County designated health care component) to which you submitted a Request to Correct or Amend Record has considered that request. This is its written response to that request.

### \_\_\_\_\_ **Grant**

Your request to amend or correct your health information has been granted. The Larimer County designated health care component will make an appropriate amendment to the designated record set.

You must provide the Larimer County designated health care component with the names and addresses of any persons to which you wish to provide the amended information. The Larimer County designated health care component then will make reasonable efforts to inform these individuals, and persons that the Larimer County designated health care component knows may have relied or could rely on the information, of the amendment within a reasonable time.

### \_\_\_\_\_ **Need for Extension of Time**

The Larimer County designated health care component received your request to amend your health information on \_\_\_\_\_. Your request has been evaluated. A delay in action is necessary for the following reason: \_\_\_\_\_

\_\_\_\_\_

The Larimer County designated health care component will respond to your request by \_\_\_\_\_.

### \_\_\_\_\_ **Denial of Access**

The Larimer County designated health care component received your request to amend health information on \_\_\_\_\_. Your request is denied for the following reason: \_\_\_\_\_

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## Statement of Disagreement

You have the right to file a written statement disagreeing with the denial of amendment. The statement of disagreement must be limited to two single-sided 8-1/2 x 11 pages. The statement of disagreement should be filed within 60 days of this notice with the following office: Larimer County Privacy Officer, (970) 498-5970, 2555 Midpoint Drive, Suite A, Fort Collins, CO, 80525; or e-mail: [privacyofficer@larimer.org](mailto:privacyofficer@larimer.org). The Larimer County designated health care component has the right to prepare a rebuttal statement to your statement of disagreement. If it does so, you will receive a copy.

If you do not submit a statement of disagreement, you may request that the Larimer County designated health care provide your request for amendment and this denial of amendment with any future disclosures of protected health information that is the subject of this request.

You may file a complaint regarding this decision with the Larimer County Privacy Officer or the U.S. Department of Health and Human Services. If you file a complaint with the Privacy Officer, please file it in writing with the following person: Larimer County Privacy Officer, 2555 Midpoint Drive, Suite A, Fort Collins, CO, 80525; or e-mail: [privacyofficer@larimer.org](mailto:privacyofficer@larimer.org)

Signature \_\_\_\_\_

Date \_\_\_\_\_