



COHESIVE HEALTHCARE MANAGEMENT & CONSULTING

MANGUM REGIONAL MEDICAL CENTER



Approval Letter for Amendment Request

Date:

Name of requestor

Address

City, state, zip

RE: Amendment Request of **xx/xx/xxxx**

Dear **Mr/Ms Name:**

I am writing to inform you that your record amendment request has been approved. Your medical record was updated with your request and the amendment on **xx/xx/xxxx**. Enclosed please find a copy of your approved request and a copy of the amendment.

Sincerely,

Name, Privacy Officer

enclosures