



**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