

COHESIVE HEALTHCARE MANAGEMENT & CONSULTING

MANGUM REGIONAL MEDICAL CENTER



Denial Letter for Amendment Request

Date:

Name of requestor

Address

City, state, zip

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

Dear **Mr/Ms Name:**

[illegible]

I want to inform you that you do have a right to file a written statement of disagreement with the denial to be filed in your medical record. You also have a right to request for the amendment request, the denial, and (if submitted) your statement of disagreement with the denial be attached to all future disclosures of PHI.

You also have the right to file a complaint with the Office of Civil Rights. This can be done electronically by going to the OCR Complaint Portal at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>. Alternately, you may file a complaint with the OCR's field office covering Oklahoma. The Southwest Region is located at:

U.S. Department of Health and Human Services
1301 Young Street, Suite 1169
Dallas, TX 75202

The customer response center can be reached by calling 800-368-1019. The fax number is OCRMail@hhs.gov. You also have the option to file a complaint at HHS in Oklahoma. The address is:

Oklahoma State Department of Health
10000 NE 10 Street
Oklahoma City, OK 73117-1299.

The email address is privacyofficer@health.ok.gov and the Fax no. is 405-271-5493, ATTN HIPAA Privacy Officer. For further instructions go to [https://www.ok.gov/health/Organization/HIPAA Privacy Rules/How to File an OSDH HIPA A Privacy Complaint/](https://www.ok.gov/health/Organization/HIPAA_Privacy_Rules/How_to_File_an_OSDH_HIPA_A_Privacy_Complaint/).

If I can be of further service to you, please do not hesitate to contact me at xxx-xxx-xxxx.

Sincerely.

Name, Privacy Officer
enclosure(s)