



Response to Request—Amend
Hillsborough County
Response to Request to
Amend Protected Health Information

Directions: This form is to be used to inform an individual of Hillsborough County's response to his or her request to amend his or her protected health information (PHI). Its contents should be entered into the HIPAA compliance system by your Privacy Liaison. The form should also be filed with the patient's records.

Date: _____

Individual's full name: _____

SSN or other patient identifier: _____

Amendment Granted

Your request to amend protected health information (PHI) has been granted. Hillsborough County will amend the PHI as follows:

Amendment Denied

Your request to amend protected health information (PHI) has been denied by Hillsborough County because the PHI or record that is the subject of the request:

- Was not created by Hillsborough County.
Is not part of the designated record set.
Would not be available for inspection under §164.524. This includes psychotherapy notes; information compiled in anticipation of or for use in a civil, criminal, or administrative action or proceeding; information subject to the Clinical Laboratory Improvements Amendments; or information specifically exempt from the Clinical Laboratory Improvements Amendments.
Is accurate and complete.
Other: _____

You have the right to submit a written statement disagreeing with the denial. If you so desire, you should provide this statement to Hillsborough County's Compliance Officer at Post Office Box 1110, Tampa, Florida 33601-1110.

If you do not submit a statement of disagreement, you may request that Hillsborough County provide your request for amendment and the denial with any future disclosures of the PHI that is the subject of the amendment.

You may also make a formal complaint with Hillsborough County by contacting Hillsborough County's Compliance Officer in writing.

You may also file a formal complaint with the Secretary of the Department of Health and Human Services. Your complaint to the Secretary must be filed in writing either on paper or electronically and you must name the entity that is the subject of the complaint, and describe the acts or omissions believed to be in violation of HIPAA. This complaint must be filed within 180 days of the act or omission.

If your request to amend PHI was denied because Hillsborough County did not create the PHI or record that is the subject of the request, you can provide a reasonable basis to believe that the originator of the PHI is no longer available to act on the requested amendment. If the originator is no longer available to act on the requested amendment, Hillsborough County will reconsider your request to amend PHI. If this is the case, you should contact Hillsborough County's Privacy Officer in writing.

Original signature of Hillsborough County

Compliance Officer/Privacy Liaison: _____

Date signed: _____