

**CONFIDENTIAL
PATIENT
INFORMATION: See
California Welfare
and Institutions Code
Section 5328**

San Mateo County Health System
Behavioral Health Services and Recovery Services

**RESPONSE TO REQUEST TO AMEND
PROTECTED HEALTH INFORMATION**



Date _____

Address _____

Dear _____,

We received your request to amend (change) your protected health information.

- We need more time to process your request. We will send you a response to your request by _____.
- We will make the change as you requested and will notify the persons you designated of the change.
- We will make the change that you requested, but only in part, and will notify the persons you designated of the change. The part of the change that we will make is:

The part of the change that we will not make is:

See the box checked below for the reason we will not make part of the change you requested.

We will not make the change as you requested because:

- You did not include a reason to support your request.
- The information we have is accurate and complete.

- We did not create the information you want changed, and you did not give us a reasonable basis to believe that the originator of the information is no longer available to act on your request to change the information.
- The information you want changed is not information that you have the right to access.
- The information you want changed is not part of the designated record set (this means your medical records, billing records and records containing your protected health information that are used by us to make decisions about you).
- Other _____

If we denied your request to change your protected health information, in whole or in part, you may submit a "Statement of Disagreement." If you do not submit a "Statement of Disagreement" you may ask us to include your amendment (change) request and our denial along with all future disclosures of the information that you wanted changed.

If you want to submit a "Statement of Disagreement," please write "Statement of Disagreement" on top and send it to San Mateo County Behavioral Health and Recovery Services, Room 320, 225 37th Avenue, San Mateo, CA 94403, or bring it to the Behavioral Health Clinic where you receive treatment.

If you want us to include your amendment (change) request and our denial along with future disclosures of the information that you wanted changed, please send a letter to San Mateo County Behavioral Health and Recovery Services, Room 320, 225 37th Avenue, San Mateo, CA 94403, or bring it to the Behavioral Health Clinic where you receive treatment.

For more information about your privacy rights, see the "Notice of Privacy Practices" available on our website at www.co.sanmateo.ca.us, or you may ask for a written copy at the Behavioral Health Clinic where you receive treatment or by writing to San Mateo County Behavioral Health and Recovery Services, Room 320, 225 37th Avenue, San Mateo, CA 94403.

If you believe your privacy rights have been violated, you may file a complaint with Mental Health Services or with the Secretary of the CA Department of Health and Human Services. To file a complaint with Behavioral Health, contact Consumer and Family Affairs at Alameda de las Pulgas, Suite 155, San Mateo, 94403. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

Sincerely,

Behavioral Health and Recovery Services Representative