

ATTACHMENT C

NOTIFICATION LETTER OF AMENDMENT TO PROTECTED HEALTH INFORMATION

{Company or Person}
{Address}
{City, State Zip Code}

{Date of Letter}

Dear {Company or Person}:

Regarding Patient: {Mr./Ms./Mrs. Patient's Name}
 {Street Address}
 {City, State Zip Code}

Date of Birth: {Date}

Medical record number #:

In response to our patient's request to correct their health information, LAC+USC Medical Center has agreed to the requested amendment, and has amended its records accordingly: In compliance with the Health Insurance Portability and Accountability Act (HIPAA), we request you make this same amendment to your existing health records immediately.

The amendment to the patient's health information is as follows:

{explanation}

If you have any questions or concerns, please contact us at {PHONE NUMBER}.

Sincerely,

{Name}
{Title}
{Facility}