

STATEMENT OF DISAGREEMENT/REQUEST TO INCLUDE AMENDMENT REQUEST AND DENIAL WITH FUTURE DISCLOSURES

PATIENT:

Last Name First MI Date of Birth Medical Record Number

Street Address City State Zip Code

I understand that DHS has denied my Request to Amend/Correct Protected Health Information that was dated _____.

Mark only one box below:

I want to file this "Statement of Disagreement." I disagree with the denial because:

DHS may choose to write a rebuttal statement in response to your Statement of Disagreement. If we do so, we will provide you with a copy of that rebuttal statement. For all future disclosures of your health information we make and that is the subject of the request for amendment/correction, we will include your request for amendment/correction, our denial, your statement of disagreement and our rebuttal statement, if any, or a summary of such information.

I do not want to file a "Statement of Disagreement," but I want DHS to include my amendment request and the denial with any future disclosures of my health information that is the subject of the request for amendment/correction.

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You also have the right to submit a complaint to DHS, Los Angeles County or to the Secretary of the Department of Health and Human Services ("Secretary"). Please contact the Health Information Management Department (Medical Records Department) for the form and procedures. You must file the complaint within 180 days of the time DHS denied your request.

SIGNATURE OF PATIENT/REPRESENTATIVE: _____

If signed by other than the patient, state relationship and authority to do so:

DATE: ____/____/____
Month Day Year

For more information about your health privacy rights, ask a staff member for a copy of our **Notice of Privacy Practices**. You may also obtain a copy by visiting our website at <http://www.dhs.co.la.ca.us/>.

If you believe your privacy rights have been violated, you may file a complaint with us, Los Angeles County or the Federal Government. You will not be penalized or retaliated against for filing a complaint. If you have comments or questions regarding our privacy practices, contact facility administration or any of the following offices:

**Los Angeles County Department of Health Services
Privacy Officer
313 N. Figueroa Street, Room 708
Los Angeles, CA 90012
800-711-5366**

**Los Angeles County Chief Information Office
Chief Information Privacy Officer
500 West Temple Street, Suite 493
Los Angeles, CA 90012
(213) 974-2164
Email: CIPO@cio.co.la.ca.us**

Thank you for providing us with this opportunity to assist you and we look forward to continuing to serve your health care needs.