

Notification of Amendment to Protected Health Information

Date: _____

Address: _____

Dear: _____
(name of recipient)

Patient name: _____

Date of birth: _____

The patient named above requested an amendment to his or her protected health information (PHI). We granted this request, in whole or in part, as follows:

You must amend the PHI in designated record sets by appending or otherwise providing a link from the PHI to the location of the amendment.

If you have any questions, please call [insert name and phone number of contact person].

Sincerely,

Hospital representative