❒ (*Check if applicable)* TAMHSC-CBHEC will comply (in whole) or (in part) with your request to amend your records containing Protected Health Information. (*please circle one)* The following records have been affected by the amendment:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TAMHSC-CBHEC will make reasonable efforts to inform and provide the amendment within a reasonable time to all persons identified in the request for amendment as having received or relied upon the Protected Health Information that is now affected by the amendment.

TAMHSC-CBHEC will make reasonable efforts to inform and provide the amendment to all business associates that TAMHSC-CBHEC is aware of who may have relied, or could foreseeably rely, on such information to your detriment.

❒ (*Check if applicable)* TAMHSC-CBHEC is unable to act on the amendment within sixty (60) days of receipt of the request because:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TAMHSC-CBHEC will complete the request by (*30-day extension).*

❒ (*Check if applicable)* TAMHSC-CBHEC will NOT comply (in whole) or (in part) with your request to amend your records containing Protected Health Information. (*please circle one)*

Denial is based on the determination that the Protected Health Information or record that is subject to the request:

❒ (*Check if applicable)* Was not created by TAMHSC-CBHEC and you have not provided a reasonable basis to believe that the originator of the PHI is no longer available to provide request.

❒ (*Check if applicable)* Is not part of the designated record set.

❒ (*Check if applicable)* Is not available for inspection because the information constitutes information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action that is pending..

❒ (*Check if applicable)* Is accurate and complete.

You may submit a written statement disagreeing with the denial. Such statement may be filed with Privacy officer at (361) 561-8595.

You may file a complaint with the Privacy Officer at ***Coastal Bend Health Education Center, 209 N. Water St., Corpus Christi, Texas 78401*** or with the Secretary of HHS. Complaints to the Secretary of HHS may be mailed to:

*Secretary of Health & Human Services*

*Region VI, Office for Civil Rights*

*U.S. Department of Health and Human Services*

*1301 Young Street, Suite 1169*

*Dallas, TX 75202*

Complaints to the Secretary of HHS must:

1. Be filed in writing, either on paper or electronically.
2. Name the subject of the complaint and describe the acts or omissions believed to be in violation of the applicable requirements.
3. Be filed within one hundred eighty (180) days of the date that a request for amendment is denied, unless this time limit is waived by the Secretary of HHS for good cause shown.

The Secretary of HHS may prescribe additional procedures for the filing of complaints.

You will be provided with a copy of any rebuttal prepared by TAMHSC-CBHEC.

Should you decide NOT to submit a statement of disagreement, you may request that TAMHSC-CBHEC provide your request for amendment and the denial with any future disclosures of the PHI that is the subject of the amendment.

­­­­­­­­­­­­­­­­­­**FOR OFFICE USE ONLY**

Date Request for Amendment received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Response was sent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❒ A copy of this notice has been attached to the patient’s record.