

Denial of Request to Amend Records

ENPOINTE FLEXIBLE SPENDING PLAN – MEDICAL REIMBURSEMENT ACCOUNT

Health Plan/OHCA Name

Re: Request for Amendment of Medical Record

For: _____ (Covered Person)

Date: _____

Dear _____

We have reviewed your request to amend the protected health information and/or medical record as indicated above and are notifying you that we are denying your request as provided in §164.526 paragraph (a)(2) of the Healthcare Portability and Accountability Act of 1996 (HIPAA) as follows:

- ☐ We did not create the information for which you requested an amendment, and we reasonably believe that the true originator of this information is still available to act on your request.
- ☐ The information for which you requested an amendment is not part of the designated record set.
- ☐ The information for which you requested an amendment is not part of the record set available to members as described in HIPAA §164.524.
- ☐ The information for which you requested an amendment is accurate and complete based on our review.

Comments:

You have a right to submit a statement disagreeing with this denial by writing to us, in two pages or less, explaining your reason for disagreement with the denial reason provided above.

We may prepare a written rebuttal to your statement of disagreement. In the event that we do, we will provide a copy of this rebuttal to you.

You may file a written complaint with this office at the address on the Notice of Privacy Practices, Attention: Privacy Officer, or in writing to the Department of Health and Human Services, Office of Civil Rights, 200 Independence Ave. S.W. Washington, D.C. 20201.

If you do not submit a statement of disagreement, you may request in writing that we provide your request for amendment and our denial with any future disclosures of the protected health information that is the subject of your request.

Sincerely,