

# *Sample Letter Notifying Individual of Need for a 30-Day Extension in Responding to Request for Amendment of Health Information:*

Mr. John A. Doe  
123 Blank Street  
Anytown, Wisconsin 12345

January 1, 2003

Mental Health            123456  
Record 4:  
Filed:                    00-00-00  
Completed:            00-00-00

Dear Mr. Doe:

Thank you for submitting to us your "Request for Amendment/Correction of Health Information". Your request has been forwarded to the \_\_\_\_\_ (designated official) for review.

At this time, we are notifying you of the need for a 30-day extension in processing your request for amendment. This extension is necessary for the following reason(s):

*(Insert Explanation/Reason for Extension)*

We will notify you of our decision with regard to your request within the next 30 days.

Thank you for providing us with this opportunity to serve you and improve the accuracy and completeness of your health information. We look forward to continuing to serve your healthcare needs.

Sincerely,

Jane A. Doe, Privacy Officer  
Anytown Community Hospital