

Patient Disagreement and Covered Entity Rebuttal Form

By law, you have the right to request an amendment to your protected health information.

If insert Organization Name denies your request for amendment, you have the right to file a statement of disagreement with us. (§164.526)

Please use this form to submit your disagreement. Please limit your statement length to the minimum necessary to explain your position.

1. **Statement of your disagreement** with our denial of your request for amendment or correction of your patient information:

2. **Do you request linkage of your request and our denial for future disclosures?** Yes No

Person submitting disagreement: _____
Printed Name

Address of Person submitting disagreement: _____

ID provided: _____

Signature of Person submitting disagreement

Date: ____/____/____

Disagreement Statement Received By

Title

Date: ____/____/____

The covered entity, insert Organization Name may prepare a written rebuttal to your statement of disagreement. Whenever such a rebuttal is prepared, the covered entity must provide a copy to the individual who submitted the statement of disagreement.

FORM Ks

Rebuttal

Insert Organization Name Rebuttal Statement:

Rebuttal copy provided to individual: Date: ____/____/____

_____ Printed Name of Person providing/processing rebuttal	_____ Title	_____/_____/_____ Date
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