

## Response to Request for Access to or Amendment of PHI Retained in the Designated Record Set

Name of Patient \_\_\_\_\_ YNHH MRN \_\_\_\_\_  
 Date Request Received \_\_\_\_\_ Date of Response \_\_\_\_\_

**In response to your request for access:**

- Inspection request Appointment Date: \_\_\_\_\_
- An extension of no more than thirty (30) days is required to complete your request. This is due to \_\_\_\_\_. You will receive a response no later than \_\_\_\_\_.
- A portion of your PHI has been released. The full request for access could not be fulfilled due to: \_\_\_\_\_.
- Your request for release of your PHI has been **denied** for the following reason(s):
  - The PHI you want released was not created by this organization. We believe these records are maintained by:  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Address: \_\_\_\_\_
  - The PHI you want released is not a part of your designated record set
  - The PHI you want released is not available for your access under federal or state law
  - The PHI you want released is not complete and accurate

**In response to your request for amendment:**

- Information in your medical or billing record has been amended, in the manner you requested, and the amendment has been made a part of your permanent record.
- An extension of no more than thirty (30) days is required to complete your request. This is due to \_\_\_\_\_. You will receive a response no later than \_\_\_\_\_.
- Your request for amendment has been made a permanent part of your medical or billing record, but the amendment itself has been denied for the following reasons:
  - The PHI you want amended was not created by this organization
  - The PHI you want amended is not a part of your designated record set
  - The PHI you want amended is not available for your access under federal or state law
  - The PHI you want amended is complete and accurate

\_\_\_\_\_  
Signature of Practitioner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

**Additional Disclosures of Amended PHI:**

Name of person or entity	Address	Yale use: disclosure date	Yale signature

Process Date	Number of Copies	Fee Collected	Received By

Form #: YSM HIP05

Original Date of Form: Effective Date: April 14, 2003

Revised Date: April 11, 2003