

**UNIVERSITY OF SOUTHERN CALIFORNIA  
DENIAL OF REQUEST TO AMEND PROTECTED HEALTH INFORMATION**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

Date of Amendment Request Form: \_\_\_\_\_ Date of this Denial Form: \_\_\_\_\_

Your request to amend has been denied because the Protected Health Information or record that was the subject of the request:

- was not created by a USC provider
- is not part of the Designated Record Set (i.e., the medical records and billing records maintained by USC, or records used to make decisions about individuals)
- would not be available for your inspection under USC's policy related to your right to access your Protected Health Information (See USC HIPAA Policy PAT - 601)
- is accurate and complete

You have the right to submit a written statement disagreeing with the denial.

- Any statement of disagreement shall be limited to no more than two (2) pages.
- If USC prepares a rebuttal to your statement, you will be provided with a copy.
- You may file such statement by sending it to:

*[Please insert name and address of relevant Department Clinic Manager or HIM]*

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- If you do not submit a statement of disagreement, you may ask that your *Request to Amend* form and this *Denial of Request to Amend* form be included with any future disclosures of PHI that is the subject of the amendment.
  - If you wish to file a complaint regarding this denial, please send a letter to the above address and/or facsimile number.

You also may file a written complaint with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. We will not retaliate against you if you file a complaint with us or with the Director.