

TEMPLATE LETTER FOR DELAY IN PROCESSING REQUEST FOR AMENDMENT OF HEALTH RECORDS

Date:

Patient or Representative:

Address:

City, State, ZIP Code:

Dear _____ :

Your request for an amendment of your health records, dated _____ is still under consideration. We are experiencing a delay in responding to your request because:

and we will act upon your request within the next thirty (30) days.

We will notify you of our decision by _____ (date).

Sincerely,

Health Care Component / Medical or Billing Records of Patient
cc: NAU HIPAA Privacy Officer (or his/her designee)