

WHITMAN COUNTY LEOFF I BOARD
400 N Main Street, Colfax, WA 99111
(509) 397-5246
FAX (509) 397-6355

[DATE]

[NAME]
[ADDRESS]
[CITY, STATE ZIP]

Dear NAME:

We received and reviewed your request to correct/amend your health information record. Unfortunately, we cannot honor your request because:

- The existing health information is accurate and complete.
- Due to federal and state laws this health information is not available.
- The record no longer exists or cannot be found.
- Your request does not pertain to your medical and financial records.
- This health information was not created by this organization.
- The record is not maintained by this organization.

You may contact Kelli Campbell or John Peterson at (509) 397-6200 or the address given above if you:

- Have questions;
- Want more information;
- Want to report a problem about the handling of your information; OR
- Want to write a brief statement of disagreement to be added to your medical record. This is your right and must be in writing. It must include your signature, the date, the reason you feel your data needs to be corrected and why you disagree with the decision to deny your request.

Thank you for your patience.

Sincerely,

[NAME]