

## Denial of Amendment/Correction Request

Medicaid ID# or Soc. Sec. #: \_\_\_\_\_

Insert Client Name &  
Address

Date Filed: \_\_\_\_\_

Date Processed: \_\_\_\_\_

Dear (Client name):

Thank you for submitting your "Request for Amendment/Correction of Health Information form."  
Your request has been denied for the following reason(s):

- The information was not created by the University of Maryland, School of Dentistry.
- The information is not available to you for inspection as permitted by Federal or State law.
- The information is not part of your record.
- The information is accurate and complete.
- Other: \_\_\_\_\_

If you disagree with all or part of this denial, you may file a written statement of disagreement with:

Office Name: \_\_\_\_\_

Agency Representative/title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

If you choose not to file a statement of disagreement, you may request that we include your Request for Amendment/Correction of Health Information Form, as well as this denial of your request, with any future disclosures that are related to this amendment.

Sincerely,

Name  
Job Title

c: Case File

Please direct questions related to HIPAA and privacy to:

Mr. Kent Buckingham, MS, HIPAA Officer  
University of Maryland School of Dentistry  
650 West Baltimore St., Room G424, Baltimore, MD 21201  
[Kbuckingham@umaryland.edu](mailto:Kbuckingham@umaryland.edu) (410)706-0343 (410)706-3389(fax)

Please direct questions related to patient records to:

Dr. Lou Depaola, DDS, MS, Assistant Dean of Clinical Affairs  
University of Maryland School of Dentistry  
650 West Baltimore St., Room 5209, Baltimore, MD 21201  
[Ldepaola@umaryland.edu](mailto:Ldepaola@umaryland.edu) (410)706-1189 (410)706-0519(fax)