



NORTHERN INYO HOSPITAL

Northern Inyo County Local Hospital District

150 Pioneer Lane · Bishop, California 93514 · Voice (760) 873-5811 · Fax (760) 872-2768
Medical Records Voice (760) 873-2152 · Billing Office Voice (760) 873-2190 · Fax (760) 873-6734

STATEMENT OF DISAGREEMENT

**REQUEST TO INCLUDE AMENDMENT REQUESTS
AND DENIAL IN FUTURE DISCLOSURES**

Date: _____

Name: _____ Date of Birth: _____

Address: _____ Telephone Number: _____

I understand that Northern Inyo Hospital has denied my request to amend my protected health information records, dated _____.

Choose only one box below:

I want to file this “Statement of Disagreement.” I understand that the hospital may prepare a written rebuttal, or statement that explains why the hospital does not agree with my “Statement of Disagreement.” If the hospital prepares a rebuttal, I will receive a copy at the address listed above. This is my “Statement of Disagreement” with the hospital’s denial of my amendment request:

I do not want to file a “Statement of Disagreement,” but I want Northern Inyo Hospital to include my amendment request and the denial with all future disclosures of the information I requested to amend.

Signature _____ Relationship, if not patient _____ Date _____
If someone other than the patient signs, the relationship to the patient must be stated

If you believe your privacy rights have been violated, we encourage you to contact our Privacy Officer at (760) 873-2846 or submit a written complaint. You may place a written complaint with any Northern Inyo Hospital employee, who will forward it to the Privacy Officer. You may also file a complaint with the Secretary of the Department of Health and Human Services.