



San Mateo County Health System
Behavioral Health Services and Recovery Services

NOTIFICATION OF AMENDMENT TO PROTECTED HEALTH INFORMATION

Date _____

Address _____

Name of Client _____

Date of Birth _____

Dear _____,

The client named above requested an amendment to his or her protected health information (PHI). We granted this request, in whole or part in, as follows:

You must amend the PHI in designated record sets by appending or otherwise providing a link from the PHI to the location of the amendment.

If you have any questions, please call the Behavioral Health and Recovery Services' Quality Improvement Manager at 650-573-3431.

Sincerely,

Behavioral Health and Recovery Services Representative