County of San Bernardino
Department of Behavioral Health

Response to Request to Amend Protected Health Information (PHI)

Your request to amend your PHI is:

☐ **Accepted**

Date amendment is included in the health information record: _____

Date that authorized persons were notified of record amendment: _____

☐ **Denied**

Your request was denied for the following reason(s):

☐ The PHI that you requested us to amend was not created by our agency and the agency or individual who created the PHI must make the decision to amend. Please contact the agency or individual that created the PHI that you wish to amend about your desire to amend the PHI.

☐ The PHI that you requested us to amend is not part of the patient's designated record set. In accordance with federal regulations, only information that is part of the designated record set is subject to amendment.

☐ The PHI that you requested us to amend is accurate and complete.

Staff Comments: _____

_____

Your Rights Upon Receipt of a Denial:

If your request for amendment was denied, you may exercise the following rights:

☐ You may submit a written statement of disagreement (not to exceed (1) one page in length) that will be included with the unchanged health information in any future disclosure of the information. If you submit such a statement, we have the right under the regulations to prepare a rebuttal answer to your statement and we would include our answer along with your statement in any future disclosures of the unchanged information. We are required to provide you a copy of our rebuttal answer if we decide to create one.

☐ If you decide to not submit a statement of disagreement, you may, by checking this box, direct us to include your amendment request and this denial response with the unchanged PHI in any future disclosures or use of this information.

☐ If you believe that we have not followed our information privacy policies or the federal regulations, you may file a complaint by contacting:

Department of Behavioral Health Office of Compliance 303 E. Vanderbilt Way San Bernardino, CA 92415 (909) 388-0879	San Bernardino County Office of Compliance and Ethics 157 W. Fifth St, 1st Floor San Bernardino, CA 92415 (909) 387-4500	Office for Civil Rights Attn: Regional Manager 50 United Nations Plaza, Room 322 San Francisco, CA 94102 (415) 437-8310 1(800) 368-1019

Please return a copy of this form to notify us of the above right(s) you wish to exercise by checking the applicable box, submitting a written complaint or statement (if applicable) and sign this form below. If you do not wish to exercise any of these rights, retain this form for your records.

_____ _____

Printed Name of ☐ consumer or ☐ legal representative Date

_____ _____

Signature of ☐ consumer or ☐ legal representative Date

County of San Bernardino
Department of Behavioral Health

THIS SECTION FOR SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH USE ONLY

Written statement received? ☐ **Yes** ☐ **No** If yes, date received: _____

Rebuttal to be included? ☐ **Yes** ☐ **No** If yes, date rebuttal mailed to requester:_____

Date request received: _____ Decided within 60 days of request? ☐ Yes ☐ No

Extension required: ☐ Yes ☐ No If yes, reason give for extension: _____

Consumer notified in writing of extension on this date: _____

Name of Licensed Practitioner processing request (print): _____

Signature of Licensed Practitioner processing request:_____

LANGUAGE TAGLINES

English
ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call *[1-888-743-1478]* (TTY: *[711]*).

Español (Spanish)
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al *[1-888-743-1478]* (TTY: *[711]*).

Tiếng Việt (Vietnamese)
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số *[1-888-743-1478]* (TTY: *[711]*).

Tagalog (Tagalog– Filipino)
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa *[1-888-743-1478]* (TTY: *[711]*).

한국어 (Korean)
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. *[1-888-743-1478]* (TTY: *[711]*)번으로 전화해 주십시오.

繁體中文**(Chinese)**
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 *[1-888-743-1478]* (TTY: *[711]*)。

Հայերեն **(Armenian)**
ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք *[1-888-743-1478]* (TTY (հեռատիպ)՝ *[711]*):

Русский (Russian)
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните *[1-888-743-1478]* (телетайп: *[711]*).

فارسی **(Farsi)**
توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی
به صورت رایگان برای شما
فراهم می باشد. با تماس به *[1-888-743-1478]* (TTY: *[711]*) بگیرید.

LANGUAGE TAGLINES

日本語 **(Japanese)**
注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。*[1-888-743-1478]* (TTY: *[711]*) まで、お電話にてご連絡ください。

Hmoob (Hmong) LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau *[1-888-743-1478]* (TTY: *[711]*).

ਪੰਜਾਬੀ (Punjabi)
ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸ ੀਂ ਪੰਜਾਬ ਬੋਲਿ ਹੋ, ਤਾ ੀਂ ਭਾਸ਼ਾ ਧ ਿੱਚ ਸਹਾਇਤਾ ਸੇ ਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਿ ਹੈ। *[1-888-743-1478]* (TTY: *[711]*) 'ਤੇ ਕਾਲ ਕਰੋ।

الـ عربـ ية(Arabic)
ملحوظة: إذا كـ نت تـ تحدث اذكر الـ لغة، فـ إن خدمات الـ مـ ساعدة الـ لغويـ ة تـ توافـ ر لـ كـ بـ الـ مجان. اتـ صل بـ رقـ م *[1-888-743-1478]*
(رقم هاتـف الصم والبكم: *[711]* .)

हिंदी (Hindi) ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। *[1-888-743-1478]* (TTY: *[711]*) पर कॉल करें।

ภาษาไทย **(Thai)**
เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร *[1-888-743-1478]* (TTY: *[711]*).

ខ្មែរ (Cambodian)
ប្រយ័ត្ន៖ រ ើសិនជាអ្នកនិយាយ ភាសាខ្មែ , រសវាជំនួយមននកភាសា រោយមិនគិតុ្ម ួ
គឺអាចមានសំវ ់ ំរ ើអ្នក។ ចូ ទូ ស័ព្ទ *[1-888-743-1478]* (TTY: *[711]*)។

ພາສາລາວ (Lao)
ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ *[1-888-743-1478]* (TTY: *[711]*).