

**COSHOCTON COUNTY EMS  
DENIAL OF REQUEST FOR AMENDMENT OF PROTECTED HEALTH  
INFORMATION  
ATTACHMENT F**

Dear (Requestor's Name):

We have reviewed your request for amendment to the protected health information (PHI) of (Name of Patient). Please be advised that we must deny your request to amend this information at this time.

The basis for this denial is:

1. \_\_\_\_\_ We did not create the PHI at issue.
2. \_\_\_\_\_ The information is not part of a designated record set.
3. \_\_\_\_\_ The information is accurate and complete.

You have the right to submit a written statement to us if you disagree with our denial of your request. You may file your statement directly to the EMS Director at the address listed below.

If you do not submit a statement disagreeing with our decision to deny your amendment request, you may request that we provide your initial request for amendment, and a copy of your request with any future disclosures of the protected health information (PHI) that was the subject of your request for denial.

You also have the right to file a complaint with us or with the federal government if you disagree with our decision to deny your request to amend your PHI. We have enclosed a copy of our Complaint Procedure, which outlines the steps you need to take to file either a complaint with us or a complaint with the federal government.

Sincerely,

Director  
Coshocton County EMS  
513 Chestnut Street  
Coshocton, OH 43812

Enclosures