



COLORADO COLLEGE  
1 8 7 4

**NOTICE OF DENIAL TO CORRECT/AMEND  
HEALTH INFORMATION**

Patient's Name \_\_\_\_\_ Telephone # \_\_\_\_\_  
(please print clearly)

CC ID# \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date of request \_\_\_\_\_

Your request for correction/amendment has been reviewed. Your request has been

totally  partially

denied for the following reasons:

- The health information in question was not created by Boettcher Health Center.
- The health information in question is not part of the record maintained by Boettcher Health Center.
- The health information in question is not part of any record that may be amended.
- The health information in question is accurate and complete.

You have a right to submit to Boettcher Health Center a written statement of disagreement with this denial. You may submit this statement in the form of a personal letter addressed to:

Colorado College  
Boettcher Health Center  
Attention: Medical Director  
1106 North Cascade Avenue  
Colorado Springs, CO 80903

Your statement of disagreement will be included in your record. We may write a rebuttal to your written statement of disagreement. In all future disclosures of the information in question, we will inform each receiving entity of the dispute, either through providing copies of the denial, your written statement, and the rebuttal, if any; or through providing a summary of the dispute.

If you do not submit a written statement, you may still request that we include copies of the request and the denial in all future disclosures of the information in question.

\_\_\_\_\_  
Judith U. Reynolds, M.D., Medical Director

\_\_\_\_\_  
Date

**A copy of this form is to be filed in the patient's record.**

10/03

BOETTCHER HEALTH CENTER  
1106 North Cascade Avenue, Colorado Springs, Colorado 80903  
719-389-6384 tel 719-389-6928 fax  
[www.ColoradoCollege.edu](http://www.ColoradoCollege.edu)