COUNTY OF ORANGE, CA HEALTH CARE AGENCY

STATEMENT OF DISAGREEMENT/REQUEST TO INCLUDE AMENDMENT REQUEST AND DENIAL WITH FUTURE DISCLOSURE

Photocopy/Facsimile may be used as an original

CLIENT/PATIENT INFORMATION:

NAME: _____
Last *First* *MI*

AKA: _____

SOC. SEC. #: _____ DATE OF BIRTH: _____

I understand that the Health Care Agency denied my request to change my protected health information. My request was dated _____

Mark only one box below:

☐ I want to file this "Statement of Disagreement." I disagree with the denial because:

_____

_____

_____

I understand that the Health Care Agency may prepare a written rebuttal to my Statement of Disagreement. A "rebuttal" is a statement of why the Health Care Agency thinks my Statement of Disagreement is wrong. If the Health Care Agency prepares a written rebuttal, I will receive a copy.

☐ I do not want to file a "Statement of Disagreement," but I want the Health Care Agency to include my amendment (change) request and the denial along with all future disclosures of the information subject to my amendment request.

For more information about your privacy rights, see the "Notice of Privacy Practices" available on our website at http://www.ocgov.com/hipaa/forms.htm. The "Notice of Privacy Practices" is available at all HCA facilities. You may also contact the HCA HIPAA Coordinator at (714) 834-4082.

If you believe your privacy rights have been violated, you may file a complaint with the County of Orange or with the Secretary of the Department of Health and Human Services. To file a complaint with County of Orange, contact the Privacy Officer at (714) 834-5172 or visit our website. All complaints must be submitted in writing. **You will not be penalized for filing a complaint**.

TODAY'S DATE: _____ **SIGNATURE:** _____

PRINTED NAME: _____

RELATIONSHIP: *Choose One*: ☐ Client/Patient ☐ Parent ☐ Guardian ☐ Representative ☐ Conservator ☐ Other: _____

COMPLETE ADDRESS: _____ **TELEPHONE #** ( ) -
Street Address City State Zip Code

Return this completed form for processing to the Custodian of Records office at
511 N. Sycamore, PO Box 355, Santa Ana, Ca 92701
Phone: 714/834-3536 - Fax: 714/835-9312