



DEPARTMENT OF MENTAL HEALTH

Patient's Right Division
550 S. Vermont Ave., 5th Floor
Los Angeles, CA 90020

NOTIFICATION LETTER OF AMENDMENT TO HEALTH INFORMATION

Dear

Regarding Client:

Date of Birth:

MIS #:

In response to our client's request to correct their health information, LACDMH has agreed to the requested amendment, and has amended its records accordingly: In compliance with the Health Insurance Portability and Accountability Act (HIPAA), we request you make this same amendment to your existing health records immediately. The amendment to the client's health information is as follows:

If you have any questions or concerns, please contact us at _____.

Sincerely,

Department of Mental Health
Los Angeles County