

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

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH (“DMH”)

**CLIENT:**

\_\_\_\_\_  
Name of Client

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
MIS #

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

I understand that DMH has denied my Request to Amend/Correct Health Information that was dated

**Mark only one box below:**

I want to file this “Statement of Disagreement.” I disagree with the denial because:

DMH may choose to write a rebuttal statement in response to your Statement of Disagreement. If we do so, we will provide you with a copy of that rebuttal statement. For all future disclosures of your health information that we make and that are subject of the request for amendment/correction, we will include your request for amendment/correction, our denial, your statement of disagreement and our rebuttal statement, if any, or a summary of such information.

I do not want to file a “Statement of Disagreement,” but I want DMH to include my amendment (change) request and the denial with any future disclosures of my health information that is the subject of the request for amendment/correction.

You also have the right to submit a complaint to DMH, Los Angeles County or to the Secretary of the Department of Health and Human Services (“Secretary”). Please contact the Treatment Team for the form and procedures. You must file the complaint within 180 days of the time DMH denied your request.

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\_\_\_\_\_  
Signature of Client / Personal Representative

\_\_\_\_\_  
Date

If signed by other than the client, state relationship and authority to do so: \_\_\_\_\_

\_\_\_\_\_  
Facility

\_\_\_\_\_  
Practitioner

\_\_\_\_\_  
Date

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For more information about your health privacy rights, ask the Treatment Team for a copy of our **Notice of Privacy Practices**. You may also obtain a copy by visiting our website at <http://www.dmh.co.la.ca.us/> or by sending a written request to:

**Patient’s Rights Office**  
**Los Angeles County Department of Mental Health**  
**550 S. Vermont Ave., 5<sup>th</sup> Floor**  
**Los Angeles CA 90020**

Thank you for providing us with this opportunity to serve you and improve the accuracy and completeness of your health information. We look forward to continuing to serve your healthcare needs.