Los Angeles County Department of Mental Health (LACDMH)
Statement of Disagreement/Request to Include Amendment Request and Denial with Future Disclosure

Client Information		
Client Name:	DOB:	IBHIS #:
Address:		
City:	State:	Zip Code:

Notice of Denial

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

Disagreement & Disclosure Options

*Instructions: Choose **Option A** or **Option B** below. Do not mark both.*
(Attach additional pages if needed)

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

(Note: LACDMH 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.)

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Disagreement & Disclosure Options *(Continued)*

*Instructions: Choose **Option A** or **Option B** below. Do not mark both.*

☐ **Option B:** I do not want to file a "Statement of Disagreement," but I want LACDMH 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

Signature of Client/Personal Representative	Date:

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

Contact Information & Notice of Privacy Practices:

Please submit your completed form and a copy of your identification by mail, fax, or email to:

Los Angeles County Department of Mental Health
Attn: Health Information Management
510 S. Vermont Avenue, 17th Floor Los Angeles, CA 90020
Fax:(213) 652-1875
Email: DMHHIM@dmh.lacounty.gov

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 https://dmh.lacounty.gov/our-services/consumer-and-family-affairs/privacy/ or by sending a written request to the address, fax, or email above.

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.