

University of Maryland, School of Dentistry

30-Day Extension to Respond to Amendment/Correction Request

Medicaid ID# or Soc. Sec. #: _____

Insert Client Name _____

Address _____

Date Filed: _____

Date Extended: _____

Dear (Client name):

Thank you for submitting your "Amendment/Correction of Health Record Request Form." Your request has been forwarded to the _____ for review. (i.e. official, office) At this time, we are notifying you of the need for a 30-day extension in processing your request for amendment to your health information. This extension is necessary for the following reason(s).

- (Insert the Explanation(s)/Reason(s) for Extension here) *i.e. referred to professional level for review; case record located off-site and not readily available; additional time needed to copy health information.*

We will notify you of our decision within the next 30 days.

Thank you for providing us with this opportunity to serve you.

Sincerely,

Name

Job Title

c: Case File

Please direct questions related to HIPAA and privacy to:

Mr. Kent Buckingham, MS, HIPAA Officer
University of Maryland School of Dentistry
650 West Baltimore St., Room G424, Baltimore, MD 21201
Kbuckingham@umaryland.edu (410)706-0343 (410)706-3389(fax)

Please direct questions related to patient records to:

Dr. Lou Depaola, DDS, MS, Assistant Dean of Clinical Affairs
University of Maryland School of Dentistry
650 West Baltimore St., Room 5209, Baltimore, MD 21201
Ldepaola@umaryland.edu (410)706-1189 (410)706-0519(fax)