CONFIDENTIAL
PATIENT
INFORMATION: See
California Welfare
and Institutions Code
Section 5328

## San Mateo County Health System Behavioral Health Services and Recovery Services



## Statement of Disagreement/Request To Include Amendment Request and Denial with Future Disclosures

Date	_
Name	Date of Birth
Address	
Phone Number	_
I understand that San Mateo County	y Behavioral Health and recovery Services denied my
request to change my protected hea	alth information. My request was dated
Mark only one box below:	
☐ I want to file this "Statement of D	Disagreement." I disagree with the denial because:
Disagreement. A "rebuttal" is a state	Services may prepare a written rebuttal to my Statement of ement of why Behavioral Health thinks my Statement of al Health prepares a written rebuttal, I will receive a copy.
Health and recovery Services to incl	of Disagreement," but I want San Mateo County Behavioral lude my amendment (change) request and the denial along ormation subject to my amendment request.
Signature of client or representative	
If representative, give relationship _	

For more information about your privacy rights, see the "Notice of Privacy Practices" available at <a href="https://www.co.sanmateo.ca.us">www.co.sanmateo.ca.us</a> or ask for it at the Behavioral Health Clinic where you receive treatment OR send a written request to San Mateo County Behavioral Health and Recovery Services, Room 320, 225 37<sup>th</sup> Avenue, San Mateo, CA 94403.

If you believe your privacy rights have been violated, you may file a complaint with San Mateo County Behavioral Health and Recovery Services or with the CA Secretary of the Department of Health and Human Services. To file a complaint with the Behavioral Health, contact Consumer and Family Affairs at Alameda de las Pulgas, Suite 155, San Mateo, CA 94403. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**