

## 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/Reason for Extension)**

*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](mailto: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](mailto:Ldepaola@umaryland.edu) (410)706-1189 (410)706-0519(fax)