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| Health information statement template |
| Written notice of refusal by a mental health and wellbeing service provider to amend or correct the health information of a person under section 739 of the Mental Health and Wellbeing Act 2022 |
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This health information statement template is provided as a guide only.

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| Dear [*name of person who requested amendment or correction of their health information*] **Written notice under section 739 of** **the *Mental Health and Wellbeing Act 2022***We are writing to you in relation to your request to [*name of mental health and wellbeing service provider*] on [*date of request*] made [*under section 39 of the Freedom of Information Act 1982* **or** *in accordance with Health Privacy Principle 6*] to amend or correct your health information. [*Name of the provider*] has decided to refuse to amend or correct your health information. The reasons for the refusal are as follows: * [*Reason 1*] [*for guidance on the types of reasons for refusing to amend or correct health information, refer to Health Privacy Principle 6 in the Health Records Act 2001*]
* [*Reason 2*]
* [*Reason 3*]

You have the right to make a health information statement when a provider has refused to amend or correct your health information. The health information statement must be made no later than 12 months after receiving this written notice. It must be in writing and be given to [*name of provider*]. Your health information statement must relate to the information that was the subject of your request. If you provide a health information statement, [*name of provider*] must include it on your health information record that we hold. [*Provider to insert information on how a person can submit the statement and who the person can contact for assistance*.] Your sincerely[*Name of contact for provider*] |

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