

[Company Name]

Denial of Request to Inspect or Copy Protected Health Information

We have reviewed the request to inspect or copy protected health information that you submitted on ___/___/____. Unfortunately, we are not able to provide you the information that you have requested.

1. Information that Cannot Be Made Available

The following information that you have requested cannot be made available for your inspection or copying:

Information Requested

Reason for denial

Information Requested

Reason for denial

Information Requested

Reason for denial

2. Requesting a Review

You may request a review of the denial of your request by contacting:

Privacy Officer

[Company Name]

[Company Address], [Company City] [Company State] [Company Zip]

[Company Phone]

To request a review, check the box below, sign in the space provided, and return this form to the above address.

I am requesting a review of this denial of access to protected health information.

Patient Signature

3. Information that Is Available

The following information is available for your inspection or copying:

You may inspect this information on or after the date and at the location specified below:

Earliest date on which
information will be available: _____

Location: _____

Please contact our office to arrange a specific time, or to request access to the records at an alternative location. We will accommodate your request if possible.

4. Fees for Copying

If you wish to obtain copies of any of the requested information, we will arrange to copy it and send it to you. We will charge a fee of \$ per page for copying. You may either pick up the copies when they are ready or we will send them to you. If we send the copies to you, you will be charged the actual mailing cost based on the method of delivery you specify (for example, first class mail, overnight delivery, etc.).

Signature

[Privacy Officer]

Signature

Date