

[Company Name]

Review of Denial to Permit Inspection or Copying of Protected Health Information

We have reviewed the denial of your request to inspect or copy protected health information that you submitted on _____.

1. Information that Cannot Be Made Available

We have determined that the following information 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. 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.

3. 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

[Name of Reviewer]

[Signature of Reviewer]

Date Review Completed

[Privacy Officer]

Signature

Date