

DECISION ON RECONSIDERATION OF DENIAL OF ACCESS TO HEALTH INFORMATION

TO:		
	We received your request for reconsideration of our denial of access to the health information of:	Name of Patient

Upon Reconsideration, you request

- Is still DENIED
- Is GRANTED

Paper Copy or View Only

<input type="checkbox"/> You may come in and inspect the records on:	Date	Time	Location	Fee: _____
<input type="checkbox"/> We will send the copies requested	Fee: _____			
<input type="checkbox"/> We will transfer the records requested to:				

Electronic copy

<input type="checkbox"/> The format you requested is available	Fee: _____		
	(Cost of media only)		
Per your request:	<input type="checkbox"/> It will be held at the Registration Counter for pickup	<input type="checkbox"/> It will be mailed to you	<input type="checkbox"/> It will be sent to you via unsecured email

Response prepared and sent by:	
() -	
Phone #	e-mail address