

RESPONSE TO REQUEST FOR PATIENT ACCESS TO HEALTH INFORMATION

TO:

We received your request for access to Your health information The health information of: _____

DISPOSITION

YOUR REQUEST 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: _____ <small>(Cost of media only)</small>
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

YOUR REQUEST IS DENIED

<input type="checkbox"/> This organization does not have the records requested	
<input type="checkbox"/> The information you requested is located at: _____	
<input type="checkbox"/> We don't know where the information you requested is located	
<input type="checkbox"/> You are not allowed by law to access these records without the patient's consent	
<input type="checkbox"/> Other reasons for denial due to endangerment:	
<input type="checkbox"/> In the exercise of our professional judgment, we believe that the access requested is reasonably likely to endanger the life or physical safety of the individual or another person;	
<input type="checkbox"/> The protected health information makes reference to another person and a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to such other person	
<input type="checkbox"/> The request for access is made by the individual's personal representative and a licensed health care professional has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to the individual or another person.	

The records requested were compiled for use in a civil, criminal or administrative action or proceeding.

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

If your request was denied, you may request Reconsideration of Denial of Access to Health Information

