[DATE]

[PATIENT NAME]

[PATIENT ADDRESS]

[CITY, STATE, ZIP]

Re: Request for Access to Protected Health Information

Dear [PATIENT]:

We have received your request to inspect and obtain a copy of your health information. We are writing to inform you that your request has been denied for the following reason(s):

* We do not maintain the information you have requested. Please direct your request to: [INSERT NAME IF KNOWN].
* The information constitutes or is contained within psychotherapy notes.
* The information was compiled in anticipation of, or for use in, a civil, criminal, or administrative action or proceeding.
* The information was created or obtained in the course of treatment-related research for which access has been temporarily suspended for as long as the research is in progress. Your right of access will be reinstated upon completion of the research.
* The information was created in research laboratories that do not make patient-specific results available for inspection.
* The information was obtained from someone other than a healthcare provider under a promise of confidentiality and access would likely reveal the source of the information.

If any box above is checked, the denial is not subject to review.

If any box below is checked, you are entitled to have the denial of your request reviewed by a licensed health care provider who did not participate in the original decision to deny the request and who is designated to act as the reviewing official.

* A licensed healthcare professional has determined that access to the information you request is reasonably likely to endanger the life or physical safety of you or another person.
* The information you requested makes reference to another person who is not a healthcare provider, and a licensed healthcare professional has determined that the access requested is reasonably likely to cause substantial harm to such other person.
* A licensed healthcare professional has determined that the provision of access to you, as the patient’s authorized representative, is reasonably likely to cause substantial harm to the patient or another person.

You may request a review of the denial of access by writing to us at the following address: [CONTACT NAME AND ADDRESS].

If you would like to file a complaint with us, you may write to: [INSERT NAME AND ADDRESS OF PRIVACY OFFICER]. You are also entitled to file a complaint with the Secretary of the Department of Health and Human Services through the regional office at: [INSERT HHS REGIONAL OFFICE ADDRESS] or via email at [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov).

Sincerely,

[NAME OF PRIVACY OFFICER]