

For office use only:

Date Received: _____ By: _____

Request Accepted

Request denied

If denied, provide reason(s):

Reviewable grounds:

- Denials of requests for access to this information are eligible for review. This office is permitted to deny a request if, based upon the provider's exercise of professional judgement:
 - Access is reasonably likely to endanger the physical safety of the patient or another person.
 - The information references another person, and access is reasonably likely to cause substantial harm to a person (not a health care provider) referenced in the requested PHI.
 - The request for access is made by the patient's personal representative, and access by the personal representative is reasonably likely to cause substantial harm to the patient or another person.

Unreviewable grounds:

- Patients and their personal representatives will not be provided the following information that is restricted by § 164.524(a)(1)(2).
 - Psychotherapy notes.
 - Information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding.
 - Information protected by the Clinical Laboratory Improvements Amendments of 1988.
 - Information requested by an inmate of a correctional institution. A letter stating why and detailing information to be restricted and/or released must be obtained from the correctional institution or the health care provider acting under the direction of the correctional institution.
 - Information created or obtained during research for as long as the research is in progress. The written denial to the patient or their personal representative will confirm the patient's consent that right of access would be suspended while research is in progress and will explain that access will be reinstated once the research is completed.
 - Information obtained from someone other than a health care provider under a promise of confidentiality and access would likely reveal that person's identity.

Date individual notified: _____ By: _____

Date information provided as requested

Mailed: _____

Faxed: _____

Emailed: _____

Placed on patient portal: _____

Picked up in the office: _____

Other: _____