[Insert letterhead]

**Communication Request Denial**

Dear [Insert Patient name],

On [Insert date], we received your request for a communication accommodation. Your request has been denied because [provide reason for denial]. This decision is not subject to review or appeal.

You have the right to file a complaint with us or with the Department of Health and Human Services Office for Civil Rights, [insert regional office address]. The complaint should be directed to the regional manager. He/she may be reached at [insert phone number] or by fax at [insert fax number]. To file a complaint with us, contact the Privacy Officer.

If you have any questions, you may call [Insert Covered Entity contact name and information]. If you would like to review our notice of privacy practices please let us know and one will be sent to you.

Sincerely,

[Insert Covered Entity contact name and information]