[Insert Letterhead]

Receipt of Request for Review

Dear [Insert Patient Name],

On [Insert date], we received your request that we review our decision to deny you access to your protected health information. We have appointed a licensed health care professional, who was not involved in the original decision to deny access to review your request. We will contact you after the reviewer has made a decision. If you have any questions, you may call [Insert contact name and number].

Sincerely,

[NAME]