[Insert letterhead]

**Request for Access Denial**

Dear [Insert Patient Name],

Your request for access to your protected health information has been denied.

Use information below to fill in details for this letter.

* Access can be denied in whole or in part
  + If the denial is a partial denial, state the parts of the records that will be disclosed and the parts to which the request has been denied.
  + For the parts of the record that are disclosed, provide the time and place when access will be provided; use the Response for Access Letter form for the parts that will be disclosed.
* The reason for the denial is:
  + The information you requested is not subject to a request for access.
  + The information you requested consists of psychotherapy notes. (Psychotherapy notes require a second, separate authorization. Denial can be for this and you can attach the psychotherapy authorization to this, asking the patient or representative to fill it out. Also, denial can be made on the basis that something in the notes may harm the patient or representative.)
  + The protected health information is prohibited from being disclosed under CLIA. (This mostly applies to CLIA labs. Healthcare providers can allow patients access to test results from testing requested by that provider.)
  + The information you requested is not contained in the designated record set.
  + We are acting at the direction of a correctional institution which certified in writing that as an inmate you may be denied access because access would jeopardize the health, safety, security, custody, or rehabilitation of an inmate or would jeopardize the safety of correctional staff.
  + The information you requested is subject to the Privacy Act and may not be disclosed under that Act.
  + The information was obtained by another person under a promise of confidentiality and access would reveal the source of the information
  + A licensed health care professional has determined that access is likely to endanger the life or physical health or safety of any person.
  + The requested information makes reference to another person and a licensed health care professional has determined that access is likely to cause substantial harm to that person.

You may have this denial reviewed if you chose to do so. To have our decision reviewed you must complete the attached form and submit it to the Privacy Officer.

**Patient Rights:** If you disagree with our decision, you have the right to file a complaint with the Department of Health and Human Services, Office for Civil Rights, [Address]. The Complaint should be directed to the Regional Manager. He/She may be reached at [Phone number] or by fax at [Fax number]. You may also speak with [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]