[Insert Letterhead]

**Request for Additional Time to Respond**

Dear [Insert patient name],

On [Insert date], we provided you with notice that we received your request for access to your protected health information. We need additional time to complete your request because [insert reason for delay] and expect to provide you with the access you requested on or before [Insert future date], which is no later than 60 days after the date of your original request for access. We apologize for the delay and will work to complete your request for access as soon as reasonably possible.

If you have any questions, please 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]