[Insert Letterhead]

**Restriction of Uses and Disclosures Denial**

Dear [Insert Patient Name],

On [Insert date], we received your request to restrict uses and/or disclosures of your protected health information. Your request has been denied because [Insert specifics]. 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 (OCR), [Insert address for local OCR office]. The Complaint should be directed to the Regional Manager. To file a Complaint with us, contact the Privacy Officer.

If you have any questions, you may call [Insert name and contact info of Covered Entity employee]. 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]