

Denial of Access to Medical Record

Patient: _____ MRN #: _____

Recently, your request for access to your personal health information was received. Pursuant to section 164.524 of the HIPAA Privacy Regulations, a review of your right to access was done. Your right to access has been denied

- in full; or
- in part. You will be provided access to the unaffected portions. Please contact _____ to arrange a time for the review.

The reason for denial is:

- The information falls within one of the exceptions, i.e. psychotherapy notes, information compiled for administrative action, or information subject to other federal restrictions.
- The health care provider was acting under the direction of a correctional institution.
- The information was gathered during research, which is ongoing.
- The information was obtained under a promise of confidentiality from another person.

Note: You do not have a right to request a review if denial was based on one of the above reasons.

- The provider has determined in their professional judgement that:
 - access is likely to endanger your life or safety, or that of another person;
 - or
 - the information makes reference to another person and access is likely to cause harm to that person.

Note: You do have a right to request a review if denial was based on this reason.

To request a review of the denial or to submit a complaint to MHS, please contact:

Your request will be reviewed by a licensed health care professional that did not participate in the initial review. You will be notified of the decision.

You may also file a complaint with the Secretary of the Department of Health and Human Services.