

DENIAL OF ACCESS TO PROTECTED HEALTH INFORMATION (PHI)

Patient Name _____

Normally, my patients are allowed access to their PHI, and/or a copy of It, whenever they request it, but there are a number of instances where I may deny this access. By law, access to your PHI may be denied for any of the following indicated reasons. You may have access to any information that is not covered by any of the reasons below.

The following reasons are not subject to review:

- The Information exists only in psychotherapy notes (which are the private notes written by your therapist).
- The information has been compiled in reasonable expectation of legal proceedings, or for use therein.
- The information was obtained from another party to whom I promised confidentiality. Allowing access would reveal that person's Identity, which would be an ethical breach.
- This information was generated or maintained during treatment that is part of a research project. Since that research is still in progress, the information IS not Immediately available; however, when the research study IS completed, you may have access to the information.
- The requested information is not In my possession. It is obtainable from _____.
- Because you are an inmate in a correctional institution, giving you access to this information could conceivably jeopardize the safety, health, security, rehabilitation, or custody of yourself or other inmates.
- You are an inmate of a correctional institution; therefore, access to this information might jeopardize the safety of an officer, staff member, or other person at this institution, or a person responsible for transporting you.

The following reasons are subject to review by a licensed health care provider, other than myself, in the event that you request a review of my decision.

- I believe that granting access to this information may possibly endanger the life or physical safety of you or another person.
- The information refers to another person (other than a health care provider) and it is possible that granting access to the information may cause significant harm to that person.
- You are the patient's personal representative and I believe that to grant you access would in all likelihood result in significant harm to that patient or some other individual.

How to request a review

Contact me directly if you would like to request a review of my decision. I will select a licensed health care professional to do the review and you will be notified of the decision. If the reviewer decides that access should be granted, I will grant it. If not, access will be denied.

Filing a complaint

Whether or not you request a review of my decision, you have the right to file a complaint against me. You may send your complaint directly to me, or, if you prefer, to my Privacy Officer:

Name and Number:_____.

It is also your right to file a complaint with the Secretary of the U.S. Department of Health and Human Services. If you do, you must include my name and the nature of your complaint, that is, denial of access. Your complaint must be written and must be sent within 180 days from the day of submission (although the secretary may waive this time limit in some cases).

I regret that I cannot grant your request. I will be happy to discuss the matter with you at any time.

Sincerely,