

## DENIAL OF ACCESS LETTER

Participant/Requestor's Name \_\_\_\_\_

Address \_\_\_\_\_

Dear \_\_\_\_\_

You previously requested access to certain protected information created or received by us in the course of paying for covered health care services. This letter is to notify you that your request has been denied. This denial is based on the reason/s below:

Grounds for denial which are not reviewable:

- Information requested is psychotherapy notes.
- Information requested was compiled in anticipation of use in a civil, criminal or administrative action or proceeding.
- Participant is an inmate and we believe the information requested would jeopardize the health, safety, security, custody or rehabilitation of the patient, other inmates, employees, officers, or agents of the correctional facility or individuals involved in the transportation of the patient.
- Access is prohibited by the Clinical Laboratory Improvement Act.
- Information requested was compiled for research purposes and the patient agreed to denial of access until research is completed.
- Access is prohibited by the Privacy Act of 5 USC § 552(a).
- Information requested was obtained by a source who requested to remain anonymous and releasing this information would be reasonably likely to reveal the source of the information.

Grounds for denial which are reviewable:

- A licensed health care professional has determined that the information requested is reasonably likely to endanger the life/physical safety of the patient or another individual.
- Information requested makes reference to another individual, not a health care provider, and a licensed health care professional has determined release would jeopardize the other individual.
- The request was made by the patient's personal representative and a licensed health care professional has determined that the release is reasonably likely to cause substantial harm to the patient or another person

If the basis for denial is reviewable as indicated above, you may request that the denial be reviewed by requesting a review in writing. All requests for review should be sent to my attention at the address listed above. Once a request for review is received, a licensed health care professional designated by the Plan who was not involved in the original decision will review the denial.

Please do not hesitate to contact me if you have any questions regarding this notice of denial or your right to a review.