

REQUEST TO REVIEW PROTECTED HEALTH INFORMATION GRANTED

[Date]

[Individual's Name]

[Address1]

[City, State, Postal code]

RE:

Dear *[Title]* *[Individual's last name]*:

I am writing to inform you that your request to review your protected health information has been approved.

[Select:]

You can obtain access to this information *[from day through day]* between the hours of *[hour]* and *[hour]* in the Benefits Office, Education Service Center, 1516 Washington Street, Waterloo, Iowa 50702.

[Or:]

Enclosed is a *[copy of the protected health information]* *[or, copy of the summary of your protected health information]* you requested. The cost of providing you these copies is .10¢ per page; .20¢ double-sided per page. Please send a check made payable to the Waterloo Community School District by *[date]*.

If you have any questions, please contact me at 433-1800.

Sincerely,

Erica Hopper
Contact Person

cc: *[name of one or more copy recipients]*

ADOPTED: 2/5/04

Reviewed: 2/5/04, 1/8/09, 2/6/14