

REQUEST TO REVIEW PROTECTED HEALTH INFORMATION DENIED

[Date]

[Individual's name]

[Address1]

[City, state and postal code]

RE:

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

I am writing to advise you that, upon reviewing your request to access your protected health information, we are denying access because *[due to]* *[for the following reason:]* *[insert reason for denial]*.

If you disagree with this decision and wish to initiate an appeal, please contact me at 319-433-1800 or send a written request to the address above. Kingsley Botchway II, the district's Privacy Official, will review your appeal. You will be notified of a decision within *[insert number of days]* days.

You have the right to file a complaint under Board Policy #403.51 – Resolution of Employee Complaints. Complaint Form (#403.51-E1) is available at the Education Service Center, 1516 Washington Street. You may also file a complaint with the federal Secretary of Health and Human Services, not later than 180 days from the date of this letter.

If you have any questions, feel free to contact me.

Sincerely,

Erica Hopper
Benefits Supervisor/Contact Person

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

ADOPTED: 2/5/04

Reviewed: 2/5/04, 2/5/09, 2/6/14, 12/10/20

EXHIBIT