



HIPAA Privacy Office

Old Main
PO Box 4083
Flagstaff, AZ 86011-4083

928-523-6347
928-523-9377 fax

Northern Arizona University Denial of Access to Protected Health Information

Name: _____

Date Request Received: _____ ID# _____

Requested Information: _____

☐ The decision to grant or deny your request to access your Protected Health Information has been delayed.

Date: _____ Reason: _____

Latest date action will be completed on your request (no longer than 90 days from date of receipt of request): _____

☐ Your request to access your Protected Health Information has been denied.

Basis of Denial (Unreviewable):

- ☐ The requested information is part of psychotherapy notes.
- ☐ The requested information is compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding.
- ☐ The request is denied because access to the record would jeopardize the health, safety, custody or rehabilitation of yourself, other inmates or the safety of any officer, employee, or other person at the correctional institution or the transporting service.
- ☐ Access is denied while your protected health information is used for research involving treatment by a health care provider. The restriction is temporary and was agreed upon as stated in the consent to participate in the study. Access will be reinstated at the completion of the research.
- ☐ Access is denied because the protected health information was obtained by someone other than a health care provider under a promise of confidentiality and the access would be reasonably likely to reveal the source of the information or would be reasonably likely to cause substantial harm to the individual or another person.

Basis of Denial (Reviewable)*:

- ☐ Your request was denied because a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger your life or physical safety or that of another person.
- ☐ Your request was denied because a licensed health care provider has determined, in the exercise of professional judgment, that the protected health information makes reference to another person (who is not a health care provider) and that the access is reasonably likely to cause substantial harm to such other person.
- ☐ The request for access is made by an individual's personal representative, and a licensed health care professional has provision of access to such personal representative is reasonably likely to cause substantial harm to the individual or another person.

Signature: _____ Date: _____

Printed Name: _____

***You may have the right to request a review of the denial.** If a review of the denial is permitted, then Fronske Health Center will designate a licensed health care professional, who did not participate in the original decision, to act as a reviewing official. This reviewing official will determine whether or not to deny the access requested based on the standards in 45 CFR 164.524(a)(3).

You have the right to complain. You may complain to the Fronske Health Center Privacy Coordinator by submitting your complaint in writing to Yolanda Godinez, MRT, Northern Arizona University, Box 6033, Flagstaff, AZ 86011. You may complain to the Secretary of Health and Human Services by submitting your complaint in writing on paper or electronically. Complaints to the Secretary must include (1) the name of the entity that is the subject of the complaint, (2) describe the acts or omissions believed to be in violation, and (3) be filed within 180 days of when the complainant knew or should have known that the act or omission complained of occurred (unless waived by the Secretary). The Secretary may prescribe additional procedures for the filing of complaints, as well as the place and manner of filing, by notice in the Federal Register.