

## DENIAL OF ACCESS TO PROTECTED HEALTH INFORMATION

Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Date Request Received: \_\_\_\_\_

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 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 determined that 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 the NAU clinic manager 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 NAU Privacy Office by submitting your complaint to [PrivacyOffice@nau.edu](mailto:PrivacyOffice@nau.edu). You may complain to the Office of Civil Rights at [www.hhs.gov/ocr/complaints](http://www.hhs.gov/ocr/complaints).