

**OKLAHOMA STATE UNIVERSITY
CENTER FOR HEALTH SCIENCES**

RESPONSE TO INDIVIDUAL'S REQUEST TO INSPECT & COPY RECORDS

Date _____

Patient's Name _____

Address _____

City, State, Zip _____

Dear _____:

In accordance with the Final Rule for the Standards for Privacy of Individually Identifiable Health Information (Privacy Rule) issued by the U.S. Department of Health and Human Services pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Oklahoma State University Center for Health Sciences is unable to honor your request to inspect and obtain a copy of your protected health information. This denial is based on the following reason(s):

- Information Not Available:** OSU-CHS does not possess the information requested. Alternative location, if known: _____
- Psychotherapy Notes:** You have requested psychotherapy notes, as defined in the Privacy Rule and we are not required to allow you to inspect and obtain a copy of your psychotherapy notes.
- Legal Proceedings:** The Privacy Rule does not require the practice to permit you to inspect and obtain a copy of the requested information because it has been compiled in anticipation of, or for use in a civil, criminal or administrative action or proceeding.
- Inmate Information:** Releasing a copy to you would jeopardize the health, safety, security, or rehabilitation of you or other inmates, or the safety of any officer, employee, or other person at the correctional institution or who is responsible for your transportation.
- CLIA Amendments:** The Privacy Rule does not require the practice to permit you to inspect and obtain a copy of the requested information because it is subject to, or exempted by, the Clinical Laboratory Improvements Amendments (CLIA) of 1988.
- Information from Other Source:** The Privacy Rule does not require the practice to permit you to inspect and obtain a copy of the requested information because the information was obtained from someone other than a healthcare provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information.
- Research:** The Privacy Rule does not require the practice to permit you to inspect and obtain a copy of the requested information because the information was/is being created or obtained in the course of on-going research that includes treatment and you agreed to the denial of access when you consented to participate in the research. Your right of access will be reinstated upon the completion of the research.
- Privacy Act:** The requested information is contained in records subject to the federal Privacy Act, 5 U.S.C. §552a, and this denial meets the requirements of that law. (The Privacy Act of 1974 protects personal information about individuals held by the federal government.)
- Endangerment to Self:** A licensed healthcare professional has determined in his/her professional judgment that access to the requested information is reasonably likely to endanger

your life or physical safety, or the life or physical safety of another person. *You may request a review of a denial for this reason.*

Reference to Others: The requested information makes reference to another person and a licensed healthcare professional has determined, in the exercise of reasonable judgment, that the requested access is reasonably likely to cause substantial harm to such other person. *You may request a review of a denial for this reason.*

Personal Representative: You are the personal representative of the subject of the requested information, and a licensed healthcare professional has determined, in the exercise of professional judgment, that the requested information should not be provided to you. *You may request a review of a denial for this reason.*

If access to requested information has been denied for any of the last three reasons listed above, you have the right to have the denial reviewed by another licensed healthcare professional who did not participate in this denial. If you choose to have this denial reviewed, please submit a written request to our Privacy Officer at:

Drew Williamsen
HIPAA Compliance Office
717 South Houston, Suite 506
Tulsa, OK 74107

Our Privacy Officer will respond with a written decision within a reasonable period of time whether or not to ultimately grant or deny access to your PHI as originally requested. You may file a complaint regarding this denial with the Privacy Officer at the address above, or by calling: 918-561-8391 between 8:00 a.m. and 5:00 p.m.

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. Complaints to the Secretary must be in writing, name the Practice, describe the acts/omissions believed to violate the Privacy Rule, and be filed within 180 days of the alleged violation.

Very truly yours,

Name of Practice Representative

Title