



RESPONSE TO REQUEST FOR RECORDS

Date: _____

Dear _____:
(Patient or Personal Representative)

Your request for inspecting or copying your medical record is denied for the following reasons:

(insert reason for the denial as outlined in 45 C.F.R. §164.524).

The denial of your request to inspect or copy your medical record may/may not (circle one) be appealed. If you have a right to appeal this decision, you may request the appeal by writing to:

Privacy Officer
LaSalle County Health Department
717 Etna Road
Ottawa, Illinois 61350

If desired, you may also appeal the decision to deny inspection of or copying of your medical record to the Secretary of Health and Human Services.

Sincerely,

Privacy Officer

cc: Patient Record