



**REQUEST FOR ACCESS- NOTICE OF DENIAL REVIEW LETTER**

[Date]

[Patient Name]

[Street Address 1]

[Street Address 2]

[City, State Zip Code]

Re: Denial of Request To Access Health Information- Results of Review

Dear [Patient Name]:

This letter notifies you of the results of the review provided by licensed health care professionals who were not directly involved in our initial decision to deny your request to access your protected health information. The health care professionals who reviewed your request have reached the following conclusion.

- ☐ Your request was properly denied for the reason provided in the hospital's initial notice.
- ☐ Your request was improperly denied for the reason provided in the hospital's initial notice, but is properly denied for another reason, which is \_\_\_\_\_.
- ☐ Your request was properly denied with respect to part of the information. The request was not properly denied for another part of the information. Please contact the Correspondence Unit at (718) 270-1845 to set up an appointment to inspect the information which you are entitled to access. If you have requested copies, we will provide them in the manner requested on your initial request form after we have removed the information that we cannot permit you to access.
- ☐ Your request was improperly denied. Please contact the Correspondence Unit at (718) 270-1845 to set up an appointment to inspect the information. If you have requested copies, we will provide them in the manner requested on your initial request form.

You have the right to have this decision reviewed by a committee appointed by the State of New York. If you want to exercise this right, please complete the form included with this letter and send it to the address provided on the form.

If you believe that we have improperly handled your request to access your protected health information, you may file a complaint with us or with the Secretary of the United States Department of Health and Human Services. To file a complaint with us, please contact the Department of Patient Relations at (718) 270-1111. *No one will retaliate or take action against you for filing a complaint.*