

### EXTENSION NOTIFICATION

[Date]

[Patient Name]

[Street Address 1]

[Street Address 2]

[City, State Zip Code]

Re: Request For A Copy Of Health Information

Dear [Patient Name]:

This letter responds to your request for a copy of your health information, which we received from you on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

We have been working hard to determine whether we can grant your request. We are usually able to process requests for copies within thirty (30) days. However, for the following reason(s), we need an additional 30 days to respond to your request for copies of these records:

* We are still working to access the information you requested.
* We are still working to prepare the information you requested.
* We are still working to determine whether all or part of your request may be granted.

We expect to have a final answer for you no later than \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. If additional time is required, we will notify you again.

Please contact

University Physicians of Brooklyn at (718) 270-8105 if you have questions or concerns about this delay.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department