

EVMS Medical Group

ACCESS TO HEALTH INFORMATION - DENIAL FORM

Patient Name: _____

Patient's Date of Birth or SSN: _____

Requester's Name: _____

ACCESS DENIED FOR THE FOLLOWING REASON(S):

- A written request is required.
- Information is not a "designated record set" per HIPAA guidelines
- Information contains psychotherapy notes
- Information is sequestered for a legal proceeding
- Information is protected by CLIA
- Confidential information which could cause harm
- Privacy Act of 1974 allows for the protection of this information
- Information is being used for research purposes at this time.
- Information is protected due to security reasons.
- We do not have the information which you have requested. We suggest you contact:

- Other

You may have the right to appeal this decision. Please contact us if you have questions concerning this denial.

Department Name

Address

Telephone Number