



**RESPONSE TO REQUEST NOT TO USE OR DISCLOSE PROTECTED HEALTH INFORMATION REQUEST**

The \_\_\_\_\_ (the designated health care component) to which you submitted a Request Not to Use or Disclose Protected Health Information has considered that request. This is its written response to that request.

**\_\_\_\_\_ Grant**

Your request that Larimer County not use or disclose protected health information has been granted.

**\_\_\_\_\_ Need for Extension of Time**

The Larimer County designated health care component received your request that protected health information not be used or disclosed on \_\_\_\_\_.

A delay in action is necessary for the following reason:

\_\_\_\_\_  
\_\_\_\_\_

The Larimer County designated health care component will respond to your request by: \_\_\_\_\_

**\_\_\_\_\_ Denial of Request**

The Larimer County designated health care component received your request that protected health information not be used or disclosed on \_\_\_\_\_.

Your request is denied for the following reason:

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You may file a complaint regarding this decision with the Larimer County Privacy Officer or the U.S. Department of Health and Human Services. If you file a complaint with the Privacy Officer, it must be filed in writing with the following person: Larimer County Privacy Officer, (970) 498-5970, 2555 Midpoint Drive, Suite A, Fort Collins, CO, 80525; or e-mail: [privacyofficer@larimer.org](mailto:privacyofficer@larimer.org)

Signature \_\_\_\_\_

Date \_\_\_\_\_