



RESPONSE TO INSPECTION REQUEST

The _____ (the Larimer County designated health care component) to which you submitted a Request to Inspect and/or Copy Protected Health Information has considered that request. This is its written response to that request.

_____ **Grant**

Your request to access your health information has been granted. Access will be provided at:

- A summary has been created, based on the advance agreement provided for in the initial request.

_____ **Need for Extension of Time**

The designated health care component received your request to access health information on _____.

The designated health care component has evaluated your request to access health information. A delay in providing the information is necessary for the following reason:

The designated health care component will respond to your request by _____.

_____ **Denial of Access**

The designated health care component received your request to access health information on _____. Your request is denied for the following reason: _____

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) 498-5978, 2555 Midpoint Drive, Suite A, Fort Collins, CO, 80525; or e-mail: privacyofficer@larimer.org

In certain cases you are entitled to appeal the denial of access. You are entitled to an appeal if access was denied because in the opinion of a licensed health care professional, granting access is likely to endanger the life or physical safety of you or another person. If you appeal, your appeal will be reviewed by a licensed health care professional designated by the plan that did not participate in the original decision. The appeal and notice of the appeal decision will be conducted promptly.

Signature

Date

