



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:

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

Signature _____

Date _____