

REQUEST FOR REVIEW OF DENIAL OF ACCESS TO PROTECTED HEALTH INFORMATION

Please type or print the patient's information:

_____ Last Name	_____ First	_____ MI	_____ Date of Birth	_____ Medical Record Number	
_____ Street Address			_____ City	_____ State	_____ Zip Code

I am requesting a review of denial of access to my protected health information.
I may either: (Please check one box)

- Allow DHS to designate a licensed health care provider, who was not involved in the decision to deny access, to review the determination.

OR

- Select my own licensed health care provider to review the denial of access.
Please provide the contact information of the health care provider below.
(NOTE: The health care provider must be authorized by State law to practice the same type of health care services that are the subject of the records.)

_____ Name of Health Care Provider	_____ Phone Number (include area code)		
_____ Street Address	_____ City	_____ State	_____ Zip Code

We will notify you in writing of the determination of the reviewing health care provider. DHS will abide by the final determination made by the reviewing health care provider.

SIGNATURE OF PATIENT: _____

OR

SIGNATURE OF PERSONAL REPRESENTATIVE: _____

If signed by other than patient, state relationship and authority to do so:

DATE: ____/____/____
Month Day Year

For more information about your health privacy rights, ask a staff member for a copy of our **Notice of Privacy Practices**. You may also obtain a copy by visiting our website at <http://www.dhs.co.la.ca.us/>.

If you believe your privacy rights have been violated, you may file a complaint with us, Los Angeles County or the Federal Government. All complaints must be submitted in writing. You will not be penalized or retaliated against for filing a complaint. To file a complaint with us, or if you have comments or questions regarding our privacy practices, contact facility administration or any of the following offices:

Los Angeles County Department of Health Services
Privacy Officer
313 N. Figueroa Street, Room 708
Los Angeles, CA 90012
800-711-5366

Los Angeles County Chief Information Office
Chief Information Privacy Officer
500 West Temple Street, Suite 493
Los Angeles, CA 90012
(213) 974-2164
Email: CIPO@cio.co.la.ca.us

Thank you for providing us with this opportunity to assist you and we look forward to continuing to serve your healthcare needs.