

**USE OFFICIAL COUNTY/FACILITY LETTERHEAD FOR OUTSIDE CORRESPONDENCE**

**FINAL LETTER OF RESPONSE FOR REVIEW OF DENIAL OF ACCESS TO  
PROTECTED HEALTH INFORMATION**

{Date}

{Patient's Name}

{Address}

Medical Record #:

Dear {Mr./Ms.}

We have completed a separate, independent review of your initial ***Request for Access to Protected Health Information*** in response to your ***Request for Review of Denial for Access to Protected Health Information***.

We have determined that:

Your request has been accepted, and the information is included with this notice. The cost for this service is \$\_\_\_\_\_. (Based on fees established by the California Evidence Code 1563.)

Your request has been accepted, and the following appointment has been scheduled for your records review:

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Location: \_\_\_\_\_

*If you have any questions or need to reschedule, please contact us at (PHONE NUMBER).*

We will grant your request to access, but only in part as described below. We will provide access to the following health information:

{EXPLAIN}

Your request to access your protected health information is denied because:

{EXPLAIN}

If your request has been denied, either partially or in who, after submitting a ***Request for Review of Denial for Access***, we would like to remind you that you, as stated in the **Notice of Privacy Practices**, if you believe your privacy rights have been violated, you may file a complaint with us, Los Angeles County or the Federal Government. 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](mailto: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 health care needs.

Sincerely,

{Facility Representative}  
{Program/Unit Manager}  
{Facility address}