

**NOTICE OF DECISION  
REGARDING INDIVIDUAL REQUEST FOR DISCLOSURE OF  
PROTECTED HEALTH INFORMATION**

YOUR REQUEST TO ACCESS THE FOLLOWING PROTECTED HEALTH INFORMATION (PHI),

- Medical Records
- Billing Records
- Other \_\_\_\_\_

FOR PHI COVERING THE DATES OF: \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_

IN THE FOLLOWING FORMAT:

- Copies of requested information (Cost \$\_\_\_\_\_.\_\_\_\_)
- Inspection of my health information at the Sioux County, office of \_\_\_\_\_.

HAS BEEN:

- Accepted  
*[List procedure for receiving copies or a date to inspect the PHI at the facility here]*

- Denied

**Reason for Denial:**

- You do not have a right to access the information nor to request a review of this decision as it falls under the following category:
  - o Psychotherapy notes;
  - o PHI requested is related to civil, criminal, or administrative action;
  - o PHI requested is subject to or exempt from the Clinical Laboratory Improvements Amendments of 1988 (CLIA);
  - o You are an inmate and the PHI requested could jeopardize the health, safety, security, custody or rehabilitation of yourself or others;
  - o You have agreed to participate in research and have been notified that this information is restricted while in the course of the research. You may access the information upon completion of the research;
  - o The PHI requested is subject to the Privacy Act;
  - o The PHI requested was obtained from a third party (non-health care provider) under condition of confidentiality.

- Your request has been denied for the following reason: (Note: you may request a review of this decision by following the appeal procedure outlined in the “Review Procedure” section of this form.)
  - A licensed Health Care Professional has determined that the access requested is likely to endanger the life or physical safety of yourself or others;
  - The PHI requested makes reference to someone else and is likely to cause that person serious harm;
  - As a personal representative it is believed that access to the requested PHI may subject the individual you represent to domestic violence, abuse or neglect or may endanger their life or is not in the best interest of the individual represented.

Other: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Request Received: \_\_\_\_\_

**REQUEST FOR REVIEWS**

You may have this decision reviewed by sending a written request to: [Contact Name, Title, Name of Organization, Address and Telephone Number]. The request must be received within 7 days from the above date. The review process is described in the “Review Procedure” section of this form..

**REVIEW PROCEDURE**

The purpose of this section is to describe how County decisions can be reviewed.

- If you disagree with this notice of decision you may seek a review of the decision. Only reviews initiated by you or your personal representative will be evaluated.
- To request a review, you must send a written notice requesting a review within ten (10) working days of receipt of your Notice of Decision. Send your request to Shane Walter, Director Sioux County Community Services, P.O. Box 233, Orange City, IA, 51041.
- Within five (5) working days of the receipt of the written request for a review, County shall send you a written notice informing you of the date, time and place that will review will be conducted.
- A written decision will be issued no later than ten (10) working days after the review proceeding. A copy of that decision will be sent to you and your representative (if applicable). A notice explaining the effect of the decision regarding access to your private health information and your rights regarding any subsequent review will accompany the decision.
- The review proceeding shall be held privately. At any review, you have the right to be present and have an attorney or other advocate accompany and represent you at your own expense. If you cannot afford an attorney, you may contact Legal Services Corporation of Iowa, the Iowa Volunteer Lawyer Project, or Iowa Protection and Advocacy Services, Inc., for assistance.