



DEPARTMENT OF MENTAL HEALTH

Patient's Right Division
550 S. Vermont Ave., 5th Floor
Los Angeles, CA 90020

FINAL LETTER OF RESPONSE TO CLIENT'S REQUEST FOR REVIEW OF DENIAL OF ACCESS TO HEALTH INFORMATION

Date of Birth:
MIS #:

Dear

We have completed a separate, independent review of your initial **Request for Access to Health Information** in response to your **Request for Review of Denial for Access**. 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 a charge of 25 cents per page, and a bill will be sent to your home of record.
- Your request has been accepted, and the following appointment time has been scheduled for your records review:
 - Date:
 - Time:
 - Location:*If you have any questions or need to reschedule, please contact the Treatment Team or call us at*
- We will grant your request to access, but only in part (see below regarding the reason for partial denial). We will provide access to the following health information:

REASON FOR DENIAL (IF APPLICABLE)

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

- You are not authorized access to the health information.



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Other:

FINAL DENIAL (IF APPLICABLE)

If your request has been denied, either partially or in whole, 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, that you have the option to complain to either the County's Privacy Official or to the federal government. To file a complaint with Los Angeles County, contact:

**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**

To file a complaint with the Federal Government, contact:

**Region IX, Office for Civil Rights,
US Department of Health and Human Services
50 United Nations Plaza-Room 322
San Francisco, CA 94102
Voice Phone (415) 437-8310
FAX (415) 437-8329
TDD (415) 437-8311**

Thank you for providing us with this opportunity to serve you and improve the accuracy and completeness of your health information. We look forward to continuing to serve your healthcare needs.

Sincerely,

Department of Mental Health
Los Angeles County