



## DEPARTMENT OF MENTAL HEALTH

### LETTER OF DENIAL REGARDING CLIENT'S REQUEST FOR CONFIDENTIAL COMMUNICATIONS

Date of Birth:

MIS #:

Dear

Thank you for submitting your ***CLIENT'S REQUEST FOR CONFIDENTIAL COMMUNICATIONS*** form. DMH has reviewed your request to receive communications involving your health information from us through an alternative means or to an alternative location and has determined that it must deny your request.

Reason for Denial:

If you have any questions, please contact the Treatment Team or call us at .

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