

## GROUP HEALTH PLAN'S RESPONSE TO INSPECTION REQUEST

NAME OF PLAN:

DATE OF REQUEST:

TO:

**Request Granted**

Your request to access your health information has been granted. Access will be provided within 30 days and in the following format:

Electronic

Paper

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**Need for Extension of Time**

The group health plan received and evaluated your request to access health information. A delay in providing the information is necessary for the following reason:

The information is not readily available in the format requested

The information is available only off-site

The group health plan will respond to your request by 60 days from the above date of the request.

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**Denial of Access**

The group health plan received your request to access health information. Your request is denied for the following reason:

The data is not in the designated record set

The data is excepted from the right of access by the HIPAA Privacy Rule

Other Reason \_\_\_\_\_

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You may file a complaint regarding this decision with the group health plan or the U.S. Department of Health and Human Services. The form to complain is available at: [www.hhs.gov/ocr/hipaa](http://www.hhs.gov/ocr/hipaa) or from the Privacy Officer of the Plan Sponsor. If you file a complaint with the group health plan, please file it in writing with the Privacy Officer of the Plan Sponsor.

In certain cases you are entitled to appeal the denial of access. You are entitled to an appeal if access was denied because in the opinion of a licensed health care professional, granting access is likely to endanger the life or physical safety of you or another person.

If you appeal, your appeal will be reviewed by a licensed health care professional designated by the plan who did not participate in the original decision. The appeal and notice of the appeal decision will be conducted promptly.