Cameron University
Health Plan

Denial of Individual's Request for Protected Health Information

Date: _____ Member ID #: _____

Member Name: _____

Member Address: _____

Street Apt # City State ZIP

The request you submitted for access to certain protected health information maintained in a designated record set by the University's Health Plan above has been **denied**, in whole or in part, for the reason indicated below:

☐ 1. **Information Not Available**: The Health Plan does not have the information you requested. The information you requested may be obtained from _____. (Alternative location will be provided, if known.)

☐ 2. **Legal Information**: All or a portion of the information you requested has been compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding.

☐ 3. **Inmate Information**: Releasing a copy to you would jeopardize the health, safety, security, custody, or rehabilitation of you or other inmates, or the safety of any officer, employee, or other person who is at the correctional institution or who is responsible for your transportation.

☐ 4. **Research**: As you agreed by signing the research participation form(s), your access to the protected health information created or obtained in the course of the research has been temporarily suspended. The suspension will last for the time indicated in the form(s) you signed.

☐ 5. **Information from Other Source**: The information you are requesting was obtained from someone under a promise of confidentiality, and the access requested would be reasonably likely to reveal the source of the information.

☐ 6. **Endangerment**: A licensed health care professional has determined that the access you requested is reasonably likely to endanger the life or physical safety of you or another person. *You may request a review of a denial for this reason.*

☐ 7. **Reference to Other People**: The information you requested makes reference to another person and a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to such other person. *You may request a review of a denial for this reason.*

☐ 8. **Personal Representative**: A licensed health care professional has determined that the provision of access to the information you requested as the Member's Personal Representative is reasonably likely to cause substantial harm to the Member or another person. *You may request a review of a denial for this reason.*

☐ 9. **Psychotherapy Notes:** Your treating health care provider has not approved the release of your psychotherapy notes.

☐ 10. **Other**: _____

Information that is not subject to one of the reasons for denial listed above will be provided to you as requested.

Right to Review If a right to review is available as indicated in items 6, 7, and 8 above, you may request a review of the denial from the health care provider who denied your initial request. Your request will be reviewed by a licensed health care professional who was not involved in this denial within thirty (30) days after receiving the written request for review. The determination of this individual will be final. You will be notified promptly, in writing, of the decision.

Complaints:

You may file a complaint regarding the University Health Plan's compliance with the HIPAA Privacy Regulations with the Secretary of the Department of Health and Human Services (1301 Young Street, Suite 1169; Dallas TX, 75202214-767-4066 or 214-767-8940 TDD) or any other agency that has been delegated the responsibility to enforce the Privacy Regulations. You may also submit a complaint to the Health Plans Privacy Official by calling (405) 271-2511 or sending an email to OU Compliance@ouhsc.edu. You may submit an anonymous complaint by calling the University's Compliance Hotline (405) 271-2223 or 1-866-836-3150.

By:

_____ _____ _____

Department Signature Title Date

Copy in Member File
Send copy to Privacy Official

HIPAA Document
Retain for a minimum of 6 years