* (*Check if applicable*)TAMHSC-CBHEC will comply (in whole) or (in part) with your request to access records containing Protected Health Information (*please circle one*).
* (*Check if applicable*) TAMHSC-CBHEC does not maintain the Protected Health Information requested. However, such information may be obtained from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
* (*Check if applicable*) TAMHSC-CBHEC will NOT comply (in whole) or (in part) with your request to access records containing Protected Health Information (*please circle one*).

A. Your request has been denied (in whole) or (in part) for the following reason(s) (*please circle one*):

❒ (*Check if applicable*) Legally, we are not required to provide you this information because:

* (*Check if applicable*) The information was compiled in reasonable anticipation of, or for use in, a civil or administrative hearing.
* (*Check if applicable*) It has been determined that your request would jeopardize the safety of an officer, employee, or other person associated with your correctional institution.
* (*Check if applicable*) You agreed to denial of access when consenting to participate in research. The right to access will be reinstated upon completion of the research.
* (*Check if applicable*) The records are maintained by a government agency and TAMHSC-CBHEC is not required to provide you access.

Under HIPAA and Texas law, you are not entitled to an opportunity to review our decision to deny you access based on the above-stated reasons.

B. Your request has been denied for the following reason:

❒ (*Check if applicable*) A licensed health care professional has determined that access to your records is reasonably likely to endanger the life or physical safety of you or another person.

You have a right to review of this denial of access. To have this denial reviewed, please contact *Privacy Officer* at (361) 561-8595.

The review of denial will be performed by a licensed health care professional designated by TAMHSC-CBHEC who has not participated in the original decision to deny.

You may address complaints about denial of access to your records to our Privacy Officer at ***Coastal Bend Health Education Center, 209 N. Water St., Corpus Christi, Texas 78401*** or to the Secretary of HHS. Complaints to the Secretary of HHS may be mailed to:

*Secretary of Health & Human Services*

*Region VI, Office for Civil Rights*

*U.S. Department of Health and Human Services*

*1301 Young Street, Suite 1169*

*Dallas, TX 75202*

Complaints must:

* Be filed in writing, either on paper or electronically.
* Name the subject of the complaint and describe the acts or omissions believed to be in violation of the applicable requirements.
* Be filed within 180 days from the date that you were denied access, unless this time limit is waived by the Secretary of HHS for good cause shown.

**FOR OFFICE USE ONLY**

❒ This response to disclosure of PHI was added to the patient’s record on \_\_\_\_\_\_\_\_\_\_\_\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.