

THE UNIVERSITY OF ARIZONA  
DENIAL OF ACCESS TO PROTECTED HEALTH INFORMATION

_____	
Date	
_____	
Name of individual or personal/legal representative	
_____	
Street Address	City / State / Zip
_____	
_____	
HIPAA Privacy Officer/Designated UA Representative	
_____	
Name of UA Health Care Component has denied the request for access to inspect and/or copy protected health information (PHI) as requested on	
_____ [date]. If access to only a portion of the PHI described in the request is denied, we will provide access to those other portions of PHI included in the request. The portions of health information we have denied access to include:	
<input type="checkbox"/> All records; or	
<input type="checkbox"/> The following portions:	

*Please continue to Page 2.*

**REASON FOR DENIAL OF ACCESS TO PHI**

\_\_\_\_ The request is denied and the individual or personal representative will not be provided an opportunity for review because of the following circumstances:

- The PHI is either psychotherapy notes, information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative proceeding; or subject to the Clinical Laboratory Improvement Amendments of 1988.
- The above-named UA health care component is acting under the direction of a correctional institution where the individual is an inmate and it has been determined that obtaining a copy will jeopardize the health, safety, security, custody, or rehabilitation of the individual or of other inmates, or the safety of any officer, employee, or other person at the correctional institution or responsible for the transporting of the inmate.
- The PHI was obtained in the course of research and the individual agreed to the denial of access in his/her consent to participate in the research. Once the research has concluded, access to these records may be permitted.
- The PHI is contained in records subject to the Privacy Act, 5 U.S.C. § 522a.
- The PHI was obtained from someone other than a health care provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information.

\_\_\_\_ The request is denied and the individual or personal representative will be provided an opportunity for review because:

- A licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of the individual or another person.
- The PHI makes reference to another person (unless such other person is a health care provider) 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.
- The request for access is made by the individual's personal representative and a licensed health care professional has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to the individual or another person.

\_\_\_\_ The above-named UA health care component does not maintain the PHI you requested.

- We do not know who maintains the PHI you requested.
- Please contact the provider or facility that maintains your PHI:

\_\_\_\_  
Name and contact information for other provider or facility

*Please continue to Page 3.*

You may request a review of denial by a licensed healthcare professional designated by UA who did not participate in this decision to deny access.

Please submit your written request for review of denial to:  
The University of Arizona HIPAA Privacy Officer  
P.O. Box 210409  
Tucson, AZ 85721

#### HOW TO COMPLAIN ABOUT THIS DENIAL OF ACCESS TO PHI

You have the right to complain about this action to the UA HIPAA Privacy Officer and the Secretary of the United States Department of Health and Human Services (HHS). Please note that complaints to HHS must be filed within 180 days of when you knew that the act or omission complained of occurred.

The HIPAA Privacy Program  
P.O. Box 210409  
Tucson, AZ 85721  
Telephone: (520) 621-1465  
Fax: (520) 621-3355  
Web: <http://ocr.arizona.edu/hipaa>

Office for Civil Rights, DHHS  
90 7th Street, Suite 4-100  
San Francisco, CA 94103  
Telephone: (415) 437-8310/TDD: (415) 437-8311  
Fax: (415) 437-8329  
Email: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)  
Web: <http://www.hhs.gov/ocr>