

DENIAL OF ACCESS TO RECORDS

Insert Client Name and Address	Medicaid ID# or Soc. Sec. #
	Date Filed
	Date Processed

Dear (Client name):

Thank you for submitting your "Access to Records Request Form."

Your request has been denied for the following reason(s):

- The information is not available to you for inspection as permitted by State and/or Federal law(s).
- The information is not part of your designated record set.
- We do not have the information you are requesting. For more information, please contact _____
- Other: _____

If you disagree with all or part of this denial, you may file a written statement of disagreement with:

Office/Facility Name: _____

Address: _____

Telephone Number: _____

Agency Representative/Title: _____

Sincerely,

Name
Job title

c: Case file
Program Privacy Office