



Response to Statement of Disagreement to Access Records

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

Dear (Client name):

We received your “Statement of Disagreement” in response to our letter notifying you that we denied your “Request for Access of Health Information.” As part of the access request procedure, your initial request, your statement of disagreement, and the supporting documents were forwarded for further review to a third party within our agency who was not involved in the original decision to deny your request.

After considering your initial request, our denial of the request, and your statement of disagreement, along with your medical record, the third party determined that:

- The initial “Access of Health Record Request” that you submitted will be honored and the requested access to your health information will be made.
- Please contact _____ to schedule an appointment to review the health information you requested to access.
- Copies of the health information are enclosed at no charge to you.
- Copies of the health information are enclosed. You agreed to pay a processing fee of \$_____ for this information.
- Your request continues to be denied. Your request for access, our denial of the request, your statement of disagreement, and our rebuttal statement will be added to your medical record and will be included with any future disclosures regarding that information.

If you would like to file a complaint you may contact the _____(Program) Privacy Office at:
(Give information here: address, telephone number, and Program’s privacy e-mail address.)

Sincerely

 Agency Representative and Title

 Date

c: Case File

Program Privacy Office (i.e. Medicaid, OCDD, OPH, OBH, OAAS)