



30-Day Extension to Respond to Restriction Request

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

Dear (Client name):

Thank you for submitting your "Restriction of Use and Disclosure Request Form."

Your request has been forwarded to the _____ for review.
(i.e. official, office)

At this time, we are notifying you of the need for a 30-day extension in processing your request for restriction to your health information. This extension is necessary for the following reason(s):
i.e., referred to professional level for review; case record located off-site and not readily available.

We will notify you of our decision within the next 30 days.

Thank you for providing us with this opportunity to serve you.

Sincerely,

Name
Job Title

c: Case File

HIPAA 502P
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