

Response to Request for Access to Health Information
Contact Person: Laurie Carr, 303-497-8702, lcarr@ucar.edu, CG4
Fax 303-497-8701

Dear _____:

We received your request for access to [your health information] [the health information of]:

(Individual's name)

(Individual's address)

_____ Your request is granted.

_____ You may come in and inspect the records on: _____
(date and time within five (5) working days after receipt of request)

_____ Your request is denied.

_____ UCAR does not have the records requested.

_____ The information you requested is located at:

(Address or other contact information).

_____ UCAR does not know where the requested information is located.

_____ The records requested were compiled in reasonable anticipation of or for use in a civil, criminal or administrative action or proceeding.

_____ You are not allowed by law to access these records without the individual's consent.

Sincerely,

Signature

Print name

Date

NOTE: If you believe your rights have been violated, you may file a complaint with the UCAR's Contact Person or Privacy Officer. You will not be penalized for filing a complaint.