UCONN HEALTH

(Patient Identification)

Request to View Record / Notification of Approval or Denial to View

Patient Name: _____ MRN#: _____

Request to view which record: _____

_____ ___/___/___ ____:____ ☐ am

Signature of Patient (or legal representative[proof required]) Date Time ☐ pm

NOTIFICATION OF APPROVAL OR DENIAL:

NOTFICATION OF APPROVAL: ___/___/___ _____:_____ ☐ am

Patient request to view has been approved. Date approved Time approved ☐ pm

Signature of Approving Provider : _____

NOTIFICATION OF DENIAL TO VIEW RECORD: : ___/___/___ ____:____ ☐ am

Date of Denial Time of Denial ☐ pm

Signature of Denying Provider : _____

CHOOSE ONE TYPE OF DENIAL BELOW:

1. DENIAL (these may not be contested by patient): ☐Psychotherapy Notes ☐Inmate ☐Court/Administrative ☐Exception to Access by Law ☐CLIA ☐Promise of Confidentiality ☐Research in Progress (may not be available on conclusion)
2. DENIAL (these may be contested by patient *) ☐Risk of Harm

Explanation for denial: _____

_____

*For any reason given where you may contest the denial, you have the right to request that UConn Health have the denial reviewed by a designated licensed health care professional here at UConn Health who did not participate in the original denial. Based upon this reviewing official's determination we must either provide you access to the requested information or continue this denial.
I now request this review:

_____ ___/___/___ ____:____ ☐ am

Signature of person requesting review of denial Date Time ☐ pm

Filing a complaint: Your complaint must be in writing, filed within one hundred eighty (180) days of when you knew or should have known denial, and name UConn Health as the party you are complaining against.

Director of Patient Relations
UConn Health
263 Farmington Ave.
Farmington, CT 06030
Mail Code: 2826
Phone: (860) 679-3176

Regional Manager, Office for Civil Rights
DHHS Government Center
J.F. Kennedy Federal Building – Room 1875
Boston, Massachusetts 02203
Voice phone: (800) 368-1019
Fax: (617) 565-3809 TDD: (800) 537-7697

HCH1351

WHITE COPY – MEDICAL RECORDS YELLOW COPY – PATIENT