

Request for Access to PHI

The inspection request is hereby:

Granted

Partially Denied

Denied

If the request is denied, indicate the reason for the denial:

Reviewer's Comments:

Signature

Date

REVIEW SECTION INTERNAL USE ONLY

This section is to be completed by the reviewer:

| | |
|---|---------------------|
| Date received: | Reviewed by: |
| Date received by Privacy Officer/designee: | Review Date: |
| Date of response: | Logged by: |