
The Institute of Professional Practice, Inc.* Persons Served
Response to Request to Inspect or Copy Protected Health Information

Date: _____

Name: _____

The Institute of Professional Practice, Inc. ("IPPI") received your request to access health information on _____ [insert date of receipt].

I. Grant of Request

- ☐ Your request to access your health information has been granted in its entirety.
- ☐ Your request to access your health information has been granted in part. (*See the section entitled "Denial of Access" for an explanation regarding that portion of your access request that has been denied.*)

Access will be provided as follows:

- ☐ IPPI will provide you with access. Please contact [insert name and phone number of contact person] to arrange a convenient time to copy and/or inspect your health information.
- ☐ A copy of the protected health information will be provided in the format you requested and it will be mailed to you pursuant to your prior instructions.
- ☐ The Plan cannot readily produce the form/format requested. Instead, the Plan will: (*check one of the following*)
 - ☐ Provide access in a readable hard copy form; OR
 - ☐ Contact you to agree upon an alternative form/format.
- ☐ A summary has/has not (circle one) been created based on the advance agreement provided by you.
- ☐ In accordance with your prior agreement, you must pay the Plan the following fees: [insert fee amount]. The fees may relate to any of the following, as applicable: (1) cost of copying; (2) postage; and (3) cost of preparation of an explanation of health information and/or summary of health information.

II. Need for Extension of Time

The Plan is reviewing your request to access health information, but IPPI is unable to determine if the requested access should be granted. A delay in rendering IPPI's decision regarding the requested access is necessary for the following reason(s):

*References to IPPI shall also refer to the Mid-Atlantic Human Services Corporation.

IPPI will respond to your request by _____.

III. Denial of Access

Your request to access your health information is denied, in whole or in part, for the following reason(s):

If your request was denied in part, IPPI will give you access to other protected health information requested, after excluding the information for which IPPI has denied access, as set forth in the section entitled "Grant of Request."

This denial ☐ is ☐ is not subject to appeal. You are entitled to an appeal if access was denied because (1) in the opinion of the licensed health care professional, granting access is likely to endanger the life or physical safety of you or another person; (2) the protected health information makes reference to another person (unless that other person is a health care provider) and a licensed health care professional has determined, in the exercise of professional judgment, that the access was made by your personal representative and a licensed health care professional has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to you or another person. In these cases, if you appeal, your appeal will be reviewed by a licensed health care professional, designated by IPPI, who did not participate in the original decision. The appeal and notice of appeal decision will be conducted promptly. Following review of the appeal, IPPI will provide or deny access in accordance with the determination of the reviewing official. Any appeal must be in writing and addressed as follows: *[insert name or title of contact person and their address]*.

IV. Complaint Procedures

You may file a complaint regarding this decision with IPPI by filing it in writing with the following person: Michael Farrah, HIPAA Privacy Officer, The Institute of Professional Practice, Inc., 356 Broad Street, 3rd Floor, Fitchburg, MA 01420, (978) 343-5860. Your complaint should include the reason(s) for the complaint, the grounds for disagreement with the Plan's decision to deny your requested access, and any other relevant information.

Alternatively, you may file a complaint with the Secretary of the U.S. Department of Health and Human Services. It should be addressed as follows: The Hubert H. Humphrey Building, 200 Independence Avenue, S.W., Washington, D.C. 2021. A complaint filed with the Secretary must meet the following requirements: (1) it must be filed in writing, either in paper or electronically; (2) it must name the plan that is the subject of the complaint and describe the acts or omissions believed to be in violation of the Privacy Standards; and (3) it must be filed within 180 days after receipt of this denial of access.

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