



DEPARTMENT OF MENTAL HEALTH

hope. recovery. wellbeing.

JONATHAN E. SHERIN, M.D., Ph.D.
Director

Gregory C. Polk, M.P.A.
Chief Deputy Director

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Chief Medical Officer

Lisa H. Wong, Psy.D.
Senior Deputy Director

[Please ensure use of current letterhead and delete this line before printing.]

Date: Click or tap to enter a date.

Client ID #:

RE: Final Response Letter

Dear _____,

We have completed a separate, independent review of your initial **Request for Access/Inspection to Health Information** in response to your **Request of Review of Denial for Access/Inspection**. We have determined that:

- Your request has been accepted, and:
 - The following appointment time has been scheduled for your records review:
 - Date: Enter a date.
 - Time: Click or tap here to enter text.
 - Location: Click or tap here to enter text.

If you have any questions or need to reschedule, please contact the treatment team or call us at _____.

- We will grant your request to access/inspect, but only in part (see below regarding the reason for partial denial). We will provide access/inspection to the following health information:

Click or tap here to enter text.

Reason for Denial (If Applicable)

- Your request to access/inspect your protected health information is denied because:
 - You are not authorized access to the health information.
 - Other:

Final Denial (If Applicable)

If your request has been denied, either partially or in whole, after submitting a [Request for Review of Denial for Access/Inspection](#), we would like to remind you, as stated in the Notice of Privacy Practices, that you have the option to submit a complaint to either the County's Privacy Official or the federal government.

To file a complaint with Los Angeles County, contact:

HIPAA Compliance Officer
County of Los Angeles, Chief Executive Office
Risk Management Branch - Office of Privacy
320 W. Temple Street 7th Floor
Los Angeles, CA 90012
Phone: (213) 974-2164
Email: PRIVACY@ceo.lacounty.gov

To file a complaint with the federal government, contact:

Region IX, Office for Civil Rights
U.S. Department of Health and Human Services
90 7th Street, Suite 4-100
San Francisco, CA 94103
Phone: (800) 368-1019
Fax: (202) 619-3818
TDD: (800) 537-7697

Thank you for providing us with this opportunity to serve you and improve the accuracy and completeness of your health information. We look forward to continuing to serve your healthcare needs.

Sincerely,

Enter Program/Unit Manager Name
Department of Mental Health
Los Angeles County