## **DEPARTMENT OF MENTAL HEALTH**



hope. recovery. wellbeing.

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:
<ul> <li>         ☐ Your request has been accepted, and:         ☐ The following appointment time has been scheduled for your records review:         ☐ Date:         ☐ Time:         ☐ Location:         ☐ If you have any questions or need to reschedule, please contact the treatment team or call us at.         ☐ Your request has been accepted, and:         ☐ The following appointment time has been scheduled for your records review:         ☐ Date:         ☐ Time:         ☐ Location:         ☐ You have any questions or need to reschedule, please contact the treatment team or call us at.         ☐ The following appointment time has been scheduled for your records review:         ☐ Date:         ☐ Time:         ☐ Time:</li></ul>
□ 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:
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 7<sup>th</sup> 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 Email: ocrmail@hhs.gov

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,

Department of Mental Health Los Angeles County

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