

**KEWAUNEE COUNTY  
DENIAL OF ACCESS FORM**

<b>Patient's Name:</b>			
	Last	First	Middle
<b>Home Address:</b>			
<b>Home Phone:</b>		<b>Date of Birth:</b>	
<b>Date of Access Request:</b>			

Your request to access or obtain a copy of your protected health information from Kewaunee County has been denied for the following reason: \_\_\_\_\_

\_\_\_\_\_

In accordance with applicable federal and state law and Kewaunee County's privacy policies, you **[please check the appropriate box]**  do  do not have the right to have this denial reviewed by a licensed health care practitioner who did not participate in the decision to deny your request. If this denial is reviewable in accordance with the above and you desire to have the decision reviewed, please check the box below and return this form within **[30 days]** to the Kewaunee County's Privacy Office by mail or facsimile at the following address: Privacy Office, County Administrator, 613 Dodge Street, Kewaunee, WI 54216; (Facsimile: 920-388-7101).

If you desire to register a complaint regarding this denial, please contact Kewaunee County's Privacy Office by mail or by facsimile at the above address. Your written complaint must include the following information: your name, the specific details of your complaint

You may also file a written complaint with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. Your complaint must describe Kewaunee County's acts or omissions that you believe to be in violation of applicable law. A complaint to the Director may be submitted either by mail or electronic transmission within 180 days of the date you first knew or should have known of the occurrence of the act or omission upon which you have based your complaint. Upon request, the Privacy Office will provide you with the correct address for the Director. We will not retaliate against you if you file a complaint with us or the Director

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I hereby request a review of Kewaunee County's denial of my request to access or obtain a copy of my personal health information by a licensed health care practitioner selected by Kewaunee County who did not participate in the decision to deny my request.

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Signature of Patient or Patient's Personal Representative