

THIS PAGE IS TO BE COMPLETED BY SUPERVISOR:

I have verified that the above listed individual is authorized to receive the information requested above. An appointment has been scheduled for review/release on _____.
(Date)

I have reviewed the information requested above and approve the release of all records with no denied documents.

I have reviewed the information requested above and have recommend the following information not be disclosed:

DISCLOSURE DENIED FOR THE FOLLOWING REASON(S):

Non-Reviewable

The request is for psychotherapy notes;

Information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding;

An inmate's request to obtain a copy of PHI, if obtaining such copy would:

- (i) jeopardize the health, safety, security, custody, or rehabilitation of the individual or of other inmates; or
- (ii) jeopardize the safety of any officer, employee, or other person at the correctional institution or responsible for the transporting of the inmate;

Protected health information contained in records that are subject to the Privacy Act, 5 U.S.C. 552a, may be denied, if the denial of access under the Privacy Act would meet the requirements of that law; or

The protected health information was obtained from someone other than a health care provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information.

Reviewable

A licensed health care professional has determined, in the exercise of professional judgment, that the access is reasonably likely to endanger the life or physical safety of the individual or another person;

The PHI refers to another person (unless such other person is a health care provider) and a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to such other person; or

The request for access is made by the individual's legally authorized representative and a licensed health care professional has determined, in the exercise of professional judgment, that the provision of access to such representative is reasonably likely to cause substantial harm to the individual or another person.

Written denial has been provided to the requestor.

Authorized Personnel Signature

Date