

WHITMAN COUNTY LEOFF I BOARD
400 N Main Street, Colfax, WA 99111
(509) 397-5246
FAX (509) 397-6355

[DATE]

[NAME]

[ADDRESS]

[CITY], [STATE] [ZIP]

Dear [NAME]:

We received and reviewed your request to access your health information record. Unfortunately, we cannot honor your request because:

- We do not maintain this information. Contact [NAME AND ADDRESS OF THE ENTITY THAT DOES MAINTAIN THE INFORMATION].
- Due to federal and state laws this health information is not available.
- The record no longer exists or cannot be found.

Under certain circumstances you have the right to have this decision reviewed by another health care professional. If you wish to make this request, please sign on the line given below. After signing the form, please check one of the options offered and return the form to Kelli Campbell or John Peterson at the address above.

Signature

Date

Select one of the following options:

- Please have the following licensed health care professional review the decision (include name, address, phone number)

- _____

- Please find a licensed health care professional to review the decision (someone not involved in the original decision).

If you have questions, need further information or believe your privacy rights have been violated, you may contact Kelli Campbell at (509) 397-6200. We respect your right to file a complaint with us or the Secretary of Health and Human Services.

Sincerely,

[NAME]

WCLIB #17