

PART C: RESPONSE TO ACCESS REQUEST (For Internal use Only)

1. Information Regarding Receipt and Initial Review of Request

Date Request Received

2. Information Regarding Response

Date Response Issued

- Access request granted
- Access request not granted
- Access request granted in part

If complete access request was not granted, reason for refusing the request/part of the request

3. Information Regarding Extension

If an extension to the access request response was required, please indicate:

| Date of Extension | Reason for Extension | Date Patient Notified |
|-------------------|----------------------|-----------------------|
| | | |

4. Processed by:

Signature

Name (print)

Title