



University of Connecticut  
Health Center  
John Dempsey Hospital

(Patient Identification)

**Request to View Record / Notification of Approval or Denial to View**

Patient Name: \_\_\_\_\_ MRN#: \_\_\_\_\_  
 Request to view which record: \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ : \_\_\_\_  am  
 Signature of Patient (or legal representative[proof required]) Date Time  pm

**NOTIFICATION OF APPROVAL OR DENIAL:**

**NOTIFICATION OF APPROVAL:** \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ : \_\_\_\_  am  
 Patient request to view has been approved. Date approved Time approved  pm  
 Signature of Approving Provider : \_\_\_\_\_

**NOTIFICATION OF DENIAL TO VIEW RECORD:** : \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ : \_\_\_\_  am  
 Date of Denial Time of Denial  pm  
 Signature of Denying Provider : \_\_\_\_\_  
 CHOOSE ONE TYPE OF DENIAL BELOW:  
 1. DENIAL (these may not be contested by patient): Psychotherapy Notes Inmate  
Court/Administrative Exception to Access by Law CLIA Promise of Confidentiality  
Research in Progress (may not be available on conclusion)  
 2. DENIAL (these may be contested by patient \*) Risk of Harm  
 Explanation for denial: \_\_\_\_\_  
 \_\_\_\_\_

\*For any reason given where you may contest the denial, you have the right to request that UCHC have the denial reviewed by a designated licensed health care professional here at UCHC who did not participate in the original denial. Based upon this reviewing official's determination we must either provide you access to the requested information or continue this denial.  
 I now request this review:  
 \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ : \_\_\_\_  am  
 Signature of person requesting review of denial Date Time  pm

**Filing a complaint:** Your complaint must be in writing, filed within one hundred eighty (180) days of when you knew or should have known denial, and name UCHC as the party you are complaining against.

Director of Patient Relations University of Connecticut Health Center Farmington, CT 06030 Mail Code: 1112 Phone: (860) 679-3176	Regional Manager, Office for Civil Rights DHHS Government Center J.F. Kennedy Federal Building – Room 1875 Boston, Massachusetts 02203 Voice phone: (617) 565-1340 Fax: (617) 565-3809 TDD: (617) 565-1343
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\*HCH1351\*

WHITE COPY – MEDICAL RECORDS      YELLOW COPY – PATIENT