

This Page to be Completed by Whitman County

Date Received: _____ **Change has been:** **Accepted** **Denied**

The review of your request has been delayed. Your request will be processed by the following date: _____
(not later than 21 days after the request date).

Your request has been denied for the following reasons (attach further information to back of this form if needed):

- The existing health information is accurate and complete.
- This request does not pertain to the patient's medical and financial records.
- Due to federal and state laws this health information is not available.
- The health information was not created by this organization.
- The record no longer exists or cannot be found.
- The record is not maintained by this organization.

Comments:

Reviewed By

Date

Position Title

Department