{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdMbrFullName}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}

**RE: APPROVAL OF REQUEST TO ACCESS HEALTH INFORMATION**

Dear {stdMbrSalutation}:

Your request to access your health information was received by NDPERS on {DateLatestSFN58771WasReceived}. Your request has been approved. You indicated that you preferred to {qu PreferredMethod}.

NDPERS has the right to assess you a reasonable cost-based fee for the above services. The fee for your request is ${qu FeeAmount}.

{x endIf}

If you have any questions, please call NDPERS at {stdNDPERSPhoneNumber} or {stdNDPERSTollFreePhoneNumber}.

Sincerely,

Privacy Officer

NDPERS Benefits Division