{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdMbrFullName}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}

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

Dear {stdMbrSalutation}:

Thank you for your request to access your health information that constitutes protected health information as defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996. NDPERS received your request on {stddate}. After careful review, we are not able to grant your request for the following reason(s)

{qu EnterReason(s)ForDenial}

While we are not able to grant your request to access your entire record for the reason(s) stated above, you may have access to:

{qu EnterAccessibleInformation}

If you disagree with our decision, you have the right to request that we reconsider. Please contact the Privacy Officer {stdNDPERSPhoneNumber} or {stdNDPERSTollFreePhoneNumber}.if you want our determination reviewed.

If you are dissatisfied with our determination review and wish to lodge a formal complaint, you may contact: the Privacy Officer at 400 E Broadway, Suite 505, Bismarck, ND 58502, {stdNDPERSPhoneNumber } or { stdNDPERSTollFreePhoneNumber }or, alternatively, you may make a complaint to the Secretary of the Department of Health and Human Services.

Sincerely,

Privacy Officer

NDPERS Benefits Division