

**EXHIBIT D**  
**GUAM COMMUNITY HEALTH CENTERS**  
**(NORTHERN AND SOUTHERN REGION COMMUNITY HEALTH CENTERS)**

**PATIENT DENIAL LETTER**

Date

Patient's Name  
Address  
City, State, Zip

Dear \_\_\_\_\_:

In accordance with the Final Rule for the Standards for Privacy of Health Information (Privacy Rule) issued by the U.S. Department of Health and Human Services pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Guam Community Health Centers is unable to honor your request to inspect and obtain a copy of your protected health information (PHI) for the following reason(s):

- \_\_\_\_\_ does not possess the information requested.  
[Insert location of PHI, if known]
- You have requested psychotherapy notes, as defined in the Privacy Rule, and we are not required to allow you to inspect and obtain a copy of your psychotherapy notes.
- The Privacy Rule does not require the GCHCs to permit you to inspect and obtain a copy of the requested information because it has been compiled in anticipation of, or for use in civil, criminal, or administrative action, or proceeding.
- The Privacy Rule does not require the GCHCs to permit you to inspect and obtain a copy of the requested information because it is subject to or exempted by the Clinical Laboratory Improvement Amendments (CLIA) of 1988.
- The Privacy Rule does not require the GCHCs to permit you to inspect and obtain a copy of the requested information because the information was obtained from someone other than a healthcare provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information.
- The Privacy Rule does not require the GCHCs to permit you to inspect and obtain a copy of the requested information because the information was/is being created or obtained in the course of on-going research that includes treatment and you agreed to the denial of access when you consented to participate in the research. Your right of access will be reinstated upon the completion of the research.

- The requested information is contained in records subject to the federal Privacy Act, 5 U.S.C. §552a, and this denial meets the requirements of that law.
- A licensed healthcare professional has determined in his/her professional judgment that access to the requested information is reasonably likely to endanger your life or physical safety or the life or physical safety of another person.
- The requested information makes reference to another person and a licensed healthcare professional has determined, in the exercise of reasonable judgment, that the requested access is reasonably likely to cause substantial harm to such other person.
- You are the personal representative of the subject of the requested information, and a licensed healthcare professional has determined, in the exercise of professional judgment, that the requested information should not be provided to you.

If access to requested information has been denied for any of the last three reasons listed above, you have the right to have the denial reviewed by another licensed healthcare professional who did not participate in this denial. If you choose to have this denial reviewed, please submit a written request to our Privacy Officer, William Weare, M.D., 162 Abman Drive, Inarajan, Guam 96917, (671) 828-7519.

\_\_\_\_\_  
**WILLIAM WEARE, M.D.**

\_\_\_\_\_  
**CHC Name**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip Code**

Our Privacy Officer, William Weare, M.D., will respond with a written decision within a reasonable period of time whether or not to ultimately grant or deny access to your PHI as originally requested. You may file a complaint regarding this denial with the Privacy Officer at **828-7519** or with the Secretary of the U.S. Department of Health and Human Services. Complaints to the Secretary must be in writing, name the CHC, describe the acts/omissions believed to violate the Privacy Rule, and be filed within 180 days of the alleged violation.

Very truly yours,

\_\_\_\_\_  
**Name of Medical Record Representative**

\_\_\_\_\_  
**Title**