

REQUEST TO REVIEW PROTECTED HEALTH INFORMATION GRANTED

[Date]

[Individual's Name]

[Address1]

[City, State, Postal code]

RE:

Dear [Title] [Individual's last name]:

I am writing to inform you that your request to review your protected health information has been approved.

**[Select:]**

You can obtain access to this information [from day through day] between the hours of [hour] and [hour] in the Benefits Office, Education Service Center, 1516 Washington Street, Waterloo, Iowa 50702.

**[Or:]**

Enclosed is a [copy of the protected health information] [or, copy of the summary of your protected health information] you requested. The cost of providing you these copies is .10¢ per page; .20¢ double-sided per page. Please send a check made payable to the Waterloo Community School District by [date].

If you have any questions, please contact me at 433-1800.

Sincerely,

Erica Hopper  
Contact Person

cc: [name of one or more copy recipients]

ADOPTED: 2/5/04

Reviewed: 2/5/04, 1/8/09, 2/6/14, 12/10/20