

**EXTENSION NOTICE FOR REQUEST TO REVIEW  
PROTECTED HEALTH INFORMATION**

*[Date]*

*[Individual's Name]*

*[Individual's Street Address]*

*[Individual's City, State, Zip]*

RE: *[Request to access protected health information or specify the information being requested]*

Dear *[Individual's Last Name]*:

The Waterloo Community School District has received your request to access *[protected health information or specify the information being requested]*.

At this time, we are unable to provide the requested information to you by *[Initial date due]* due to *[specify the reason or reasons for the delay]*. We will, however, provide you *[with or access to]* the information you requested no later than *[Date]*.

If you have questions or comments regarding your request or its current status, please contact me at 433-1800 or at the address listed above.

Sincerely,

Erica Hopper  
Benefits Supervisor/Contact Person

cc: *[if any]*

ADOPTED: 2/5/04

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