

**Choice Diagnostic Imaging
5831 Bee Ridge Rd. Suite 102
Sarasota, FL 34233
Phone: (941) 954-1900
Fax: (941) 342-7847**

**DENIAL OF REQUEST TO INSPECT OR COPY
PROTECTED HEALTH INFORMATION**

We have reviewed the request to inspect or copy health information that you have submitted on ____/____/____. Unfortunately, we are not able to provide you the information you requested.

Information that Cannot Be Made Available

The following information that you have requested cannot be made available for your inspection or copying:

Information Requested	Reason for Denial
Information Requested	Reason for Denial
Information Requested	Reason for Denial

Requesting a Review

You may request a review of the denial of your request by contacting:

Bill LeFrancois (Compliance Officer)
5831 Bee Ridge Rd, Suite 102
Sarasota, FL 34233
(941) 954-1900

To request a review, check below, sign in the space provided, and return this form to the above address.

_____ I am requesting a review of this denial of access to Protected Health Information.

Patient Signature

Date

