

Denial of Request for Restriction of Records

ENPOINTE FLEXIBLE SPENDING PLAN – MEDICAL REIMBURSEMENT ACCOUNT

Health Plan/OHCA Name

Re: Request for Restriction of Records

For: _____ (Covered Person)

Date: _____

Dear _____

We have reviewed your request to restrict the disclosure and use of the protected health information contained in your medical record and are notifying you that we are denying your request as provided in §164.522 paragraph (a)(1-ii) of the Healthcare Portability and Accountability Act of 1996 (HIPAA). Our basis for denial is as follows:

Sincerely,