NEW YORK STATE
OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES

REQUEST TO REVIEW THE DENIAL OF A
DOCUMENTATION REQUEST

INSTRUCTIONS: GIVE A COPY OF THE FORM TO THE PATIENT! Prepare one (1) copy for the Patient's Case Record.

REQUEST FOR REVIEW

<table>
<thead>
<tr>
<th>ORIGINAL REQUEST TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ REQUEST TO AMEND RECORD</td>
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<tr>
<td>□ REQUEST TO INSPECT/COPY RECORD</td>
</tr>
<tr>
<td>□ REQUEST TO RESTRICT USE OF CONFIDENTIAL INFORMATION</td>
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</tbody>
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<tr>
<th>REASON FOR REVIEW OF DENIAL</th>
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I, the undersigned, hereby request that the denial of my request (described above) be reviewed. I understand that the facility may deny my request with cause.

__________________________  ____________________________
(Signature of Patient)      (Signature of Parent/Guardian, when required)

__________________________  ____________________________
(Print Name of Patient)      (Print Name of Parent/Guardian)

__________________________  ____________________________
(Date)                      (Date)

Facility Action:

__ Request approved.

__ Request Denied. Reason for Denial

    __ The material to be amended was not created by the program.

    __ The material is a psychotherapy note or is information compiled in anticipation of or for use in a civil, criminal, or administrative action or proceeding.

    __ The program determines that the record is accurate and complete.

    __ Other reason. Describe ___________________________________________________________________________

__________________________  ____________________________
Director/Assistant Director  Date

TRS-36