

**STATE OF CONNECTICUT  
CONNECTICUT VALLEY HOSPITAL  
HEALTH INFORMATION MANAGEMENT**

Telephone: (860) 262-6313 Fax: (860) 262-6345  
P.O. Box 351 - Middletown, Connecticut 06457

DATE:

TO:

RE: \_\_\_\_\_ Date of Birth

Dear \_\_\_\_\_,

You recently requested information concerning the above named individual. Your attention is directed to the item(s) checked below:

- Written authorization by the patient is necessary before we can release information. Enclosed is a copy of our standard release of information authorization. Please have this authorization signed by the above-named individual and return this to us for processing.
- There is no record of treatment of this individual at:
  - Connecticut Valley Hospital
    - General Psychiatric Division
    - Addiction Services Division (Formerly - Dutcher Treatment Center)
    - Whiting Forensic Division (Formerly - Whiting Forensic Institute)
  - Fairfield Hills Hospital - Hospital Closure 12/15/95
    - Berkshire Woods Treatment Center
  - Norwich Hospital - Hospital Closure 9/15/96
    - Boneski Treatment Center
- Please complete and sign the enclosed release of information authorization. The authorization form sent to us does not meet the following requirement(s):
  - the specific person to whom this information should be directed
  - the specific purpose for which the information is being requested
  - does not meet regulations of Connecticut General Statutes, Chapter 899
  - does not meet regulations of Connecticut General Statutes, Chapter 368x
  - does not meet Federal Regulations, 42 CFR 2
- Your request is not feasible for the following reason: \_\_\_\_\_  
\_\_\_\_\_
- Other:

You have the right to have this decision reviewed by the CVH Privacy Officer.

Sincerely,

\_\_\_\_\_ for  
Linda Gagnon, RHIT, Director Health Information Management

**ORIGINAL** - Requestor

**COPY** - Health Information Management