

Request To Consider Additional Privacy Protection for Protected Health Information

I request additional privacy protection for my personal health information located at UW Medicine.

UW Medicine is comprised of the following entities: *Harborview Medical Center, Northwest Hospital & Medical Center, Valley Medical Center, UW Medical Center, UW Neighborhood Clinics, University of Washington Physicians (Billing records only), Hall Health Center; and UW Medicine Sports Medicine Clinic.*

NAME OF PATIENT

BIRTHDATE

Provide Detail For This Request For Additional Privacy Protections

Include **Why, What, and To Whom** below. Please be specific as to which individuals or entities will be denied or limited in use and/or disclosure.

I have reviewed the list of exceptions on the back of this form.

Signature (<i>Patient Or Person Authorized To Give Authorization</i>)	Date
If signed by person other than patient, provide reason, relationship to patient, description of their authority.	

PT.NO

NAME

DOB

UW Medicine

Harborview Medical Center – Northwest Hospital & Medical Center
Valley Medical Center – UW Medical Center
University of Washington Physicians Seattle, Washington

REQ TO CONSID ADDTL PRIVACY PROTECTION FOR PHI



96-23372

REV JUL 14

Request to Consider Additional Privacy Protection for Protected Health Information

UW Medicine may not agree to restrict the following uses and disclosures*:


- When access is required by the Secretary of Health and Human Services to investigate or determine compliance with Federal confidentiality standards;
- When PHI is used in the course of providing emergency treatment;
- For facility directory services when consent cannot be obtained because the patient is incapable of objecting, or an emergency prevents the patient from providing consent or objection, and there is no surrogate decision-maker available;
- When disclosure is required or permitted under the law;
- For disclosures to appropriate health care agencies and other individuals as required for public health activities, including reports of vital events such as births or deaths;
- For disclosures to government authorities when required for victims of abuse or neglect;
- For disclosures to health care oversight agencies for health care oversight activities;
- When disclosures are in the course of judicial and administrative proceedings or when required for law enforcement purposes;
- For disclosures for cadaver organ, eye, or tissue donation purposes;
- For use and disclosure in the course IRB-approved research when the IRB has granted a waiver of authorization requirements;
- To avert a serious and imminent threat to health or safety of individuals; **AND**
- Disclosures pertaining to decedents.

NOTE: When UW Medicine provides restricted information to a health care professional outside UW Medicine for the sole purpose of providing emergency treatment, UW Medicine shall request that the health care professional not further use or disclose the information for another purpose.

* 45 CFR Part 160 and 164; Section 164.522 - "Rights to request privacy protection for protected health information", 164.502 (c) - "Standard: Uses and disclosures of protected health information subject to an agreed upon restriction".

FOR OFFICE USE ONLY:

Determination:

<p>PT.NO</p> <p>NAME</p> <p>DOB</p>	<p>UW Medicine Harborview Medical Center – Northwest Hospital & Medical Center Valley Medical Center – UW Medical Center University of Washington Physicians Seattle, Washington</p> <p>REQ TO CONSID ADDTL PRIVACY PROTECTION FOR PHI</p> <div style="text-align: center;">  96-23372 </div> <p>REV JUL 14 BACK</p>
---	--