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 & Clinics, UW Medical Center & Clinics - Montlake, UW Medical Center & Clinics - Northwest, Valley Medical Center & Clinics, UW Medicine Primary Care, UW Physicians (Billing records only), and Hall Health Center.

_____, _____,
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.

Patient (or legal guardian) signature:	Date:	Time:
Patient name (printed):	Legal guardian printed name (if applicable):	

You may send completed form to:

Harborview Medical Center and Clinics
UW Medical Center and Clinics - Montlake
UW Medical Center and Clinics - Northwest
UW Medicine Primary Care Clinics
Hall Health Center
Mail: 325 Ninth Ave.   Box 359738
Seattle, WA 98104

Fax: 206.744.9997
Phone: 206.744.9000
Email: uwmedroi@uw.edu

Valley Medical Center and Clinics
Mail: Release of Information
400 S 43rd Street
P.O. Box 50010
Renton, WA 98058

Fax: 425.690.9407
Phone: 425.690.3406
Email: RecordsRequest@valleymed.org

UW Medicine
Harborview Medical Center – University of Washington Medical Center UW Medicine Primary Care – Valley Medical Center – UW Physicians

REQ TO CONSID ADDTL PRIVACY PROTECTION FOR PHI
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PLACE PATIENT LABEL HERE

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UH1869 REV JAN 22

WHITE – MEDICAL RECORD
CANARY – PATIENT

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:

UW Medicine
Harborview Medical Center – University of Washington Medical Center UW Medicine Primary Care – Valley Medical Center – UW Physicians

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PLACE PATIENT LABEL HERE

UH1869 REV JAN 22   BACK