

Additional Privacy Protection for Protected Health Information

I request additional privacy protection for my personal health information located at Valley Medical 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:

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



Patient Label

Additional Privacy Protection for Protected Health Information

Valley Medical Center 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 Valley Medical Center provides restricted information to a health care professional outside Valley Medical Center for the sole purpose of providing emergency treatment, Valley Medical Center 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: