



UNIVERSITY OF FLORIDA

REQUEST FOR SPECIAL PRIVACY PROTECTIONS **Date of Request:** _____

Patients may request restrictions of uses and disclosures of protected health information that is normally available for treatment, payment, or health care operations. They may also request more confidential communications of their health information. Each request will be reviewed, but is subject to the limitations outlined in the federal standards for Privacy of Individually Identifiable Health Information and the ability of this facility to meet the request.

Patient Name	Date of Birth	Medical Record Number
Address to which response should be sent:		Telephone # (optional)
Verification of Identity		Social Security Number

** Complete the following only if the person making the request is not the patient:

Name of Requestor	Relationship to Patient	Legal Authority
Verification of Identity		Verification of Authority

I am requesting one of the following special privacy protections for my personal health information:

RESTRICTION OF CERTAIN USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION:

Health information to be restricted that would normally be used for treatment, payment, or health care operations: _____

Type of restriction requested (please be as specific as possible) _____

I am requesting this restriction for the following reason: _____

A DIFFERENT METHOD OR LOCATION FOR RECEIVING WRITTEN PERSONAL HEALTH INFORMATION:

Personal information affected by request: _____

Current method or location: _____

Requesting change to (please be as specific as possible): _____

I understand that I am not obligated to explain why I want this change in method or location.

I understand the following:

- The University of Florida is not obligated to agree to my requests for special privacy protections as outlined above. I will receive a response in writing after review of the request.
- In emergency circumstances, even if a special privacy protection has been agreed to, the University may use and disclose necessary information to treat the patient.
- A special privacy protection agreed to by the University is not effective to prevent uses or disclosures permitted or required by law.
- Requested special privacy protections agreed to by the University may be terminated at any time, with written notice from either party.

Signature: Patient or Representative

Please Print Name