

UNIVERSITY OF FLORIDA
INFORMATION PRIVACY POLICIES & PROCEDURES
PRIVACY MANAGEMENT



RESPONSE TO REQUEST FOR SPECIAL PRIVACY PROTECTIONS

Date: _____

Patient Name	Address	Date of Birth

_____ After review, the University of Florida has agreed to grant your request for Special Privacy Protections in the following way:

A copy of this response will be filed in your medical record. If you have questions or concerns about this response to your request, please contact the Privacy Officer at the address and phone number below.

_____ After review, the University of Florida has determined that we are unable to grant the special privacy protection you requested for the following reason(s):

You may request a review of this denial by contacting the Privacy Officer. The request for review must be made in writing. If you have other questions or concerns, please contact:

Susan Blair, Privacy Officer
P.O. Box 100014
Gainesville, FL 32610

Phone: (352) 392-8981 or Toll-free: (866) 876-HIPA

E-mail: sablair@vpha.ufl.edu

Sincerely,