

UNIVERSITY OF FLORIDA
INFORMATION PRIVACY POLICIES & PROCEDURES
PRIVACY MANAGEMENT



TERMINATION OF SPECIAL PRIVACY PROTECTIONS

Date: _____

Patient Name	Address	Date of Birth

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

Name of Requestor	Relationship to Patient	Legal Authority

The following special privacy protection which you requested for your personal health information has been changed or terminated as follows:

_____ **RESTRICTION OF CERTAIN USES AND DISCLOSURES:**

Date Restriction was Implemented: _____

Personal information currently restricted: _____

Type of restriction: _____

Has been changed as follows: _____

For the following reason: _____

_____ **A DIFFERENT METHOD OR LOCATION FOR RECEIVING WRITTEN INFORMATION:**

Date of Original Change in Communication: _____

Personal information currently affected: _____

Current method or location: _____

Is being changed to: _____

For the following reason: _____

The changes noted above will become effective on: _____

If you have any 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