

Request for Privacy Restrictions to Use or Disclose Protected Health Information

Complete all fields that apply to you and be as specific and clear as possible. The completed form can be returned to the HISM team by email at **HISM@wellpower.org**, by fax at **(303) 504-6504**, by postal mail/in person to **4141 E. Dickenson Pl. (Office 170), Denver, CO 80222 – Attention: HISM**. If you have questions, please call (303) 504-6510.

Person Served Information

Please complete the following information about the person who is the subject of the protected health information.

First Name: _____ M.I.: _____ Last Name: _____
WellPower ID#: _____ Date of Birth: _____ (mm/dd/yyyy)

Requestor Information

If you are submitting the request on behalf of the person in services, please fill in your information below.

NOTE: Supporting documentation of your legal authority to make this request must be provided, if not already on file. Leave blank if not applicable.

First Name: _____ M.I.: _____ Last Name: _____
Organization: _____ Relationship: _____

Your Contact Information

Street Address: _____ City, State _____ Zip: _____
Email: _____ Phone: _____

Description of Privacy Restriction Requested

It is understood and agreed that if WellPower receives or obtains a signed authorization or other release of information, it will honor the authorization or release, regardless of the additional restriction agreement.

These restrictions do not apply to disclosures required by law, information compiled for use in a civil/criminal/administrative action, disclosures to the person in services or their personal representative, disclosures related to crimes on a WellPower property &/or against staff, disclosures to a health plan for payment purposes, disclosures required for healthcare operations, disclosures to other healthcare providers related to a medical emergency, or disclosures necessary to avert a serious threat or safety in emergencies.

X _____
Requestor Signature Signature Date

For WellPower Use Only

<input type="checkbox"/> Granted	<input type="checkbox"/> Denied Unable to accommodate requested restriction(s) due to impact on operations, as described below:
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Reviewed by: _____ Reviewed Date: _____

X _____
Signature of reviewer Title