



becaREQUEST FOR DENIAL OF ACCESS TO PROTECTED HEALTH INFORMATION

INSTRUCTIONS:

This form must be used if a provider wishes to deny access to protected health information because the release may cause harm to the patient or another individual OR to prevent disclosure of protected health information when a subpoena is issued. THIS FORM MUST BE COMPLETED IN ORDER TO IMPLEMENT THE DENIAL OR TO INITIATE A MOTION TO QUASH.

- 1. Fill out the patient's information below.
2. Fill out Section 1 if this is a denial based of harm to a patient or another person OR complete section 2 if you received a subpoena and want to request to fight the subpoena.
3. You (provider) must provide name and sign/date the form.
4. Fax to HIPAA Privacy Office at 7-9443 for review/approval (follow-up with telephone call to 7-9241).

Patient Name Medical Record #

Date of Birth Phone # ()

Patient Contact Information:

SECTION 1: DENY - HARM TO PATIENT OR ANOTHER PERSON

Complete this section if you (a provider) wishes to deny access to all or part of medical records requested by a patient or personal representative. The denial must be based on at least one of the following criteria (check box):

- A licensed health care provider determined, in the exercise of reasonable judgment, that the access requested is reasonably likely to endanger the life or physical safety of the patient or another person.
The protected health information makes reference to another person and a licensed health care provider determined, in the exercise of reasonable judgment, that the access requested is reasonably likely to cause substantial harm to that other person.
The request is made by the person's personal representative and a licensed health care provider determined, in the exercise of reasonable judgment, that providing access is reasonably likely to cause substantial harm to the patient or another person.

Healthcare Provider's Name (Printed) Signature of Healthcare Provider Date

UUHSC Privacy Officer Approval Date

Note: The request CANNOT be denied unless the UUHSC Privacy Officer approves.

Note: Once approved, send the patient the "Letter to Patient Re: Denial of Access to PHI" making sure to mark why the request was denied.

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SECTION 2: INITIATE MOTION TO QUASH SUBPOENA

Complete this section if you (a provider) has received a subpoena and you wish to initiate a motion to quash the request (ask the court to not require the release).

A motion to quash a subpoena requires participation by the provider and the Attorney General's office in a legal proceeding to ask the judge to set aside a subpoena that has been served upon the University, on the grounds that disclosing the information would jeopardize the life or physical safety of the patient. By signing below, you acknowledge that you will be required to be present at a court hearing and testify to the court as to the reasons why this information should not be disclosed.

Healthcare Provider's Name (Printed) Signature of Healthcare Provider Date

Signature of Privacy Officer Date

Office of General Counsel (Printed) Signature of Office of General Counsel Date

Note: The request CANNOT be denied unless the UUHSC Privacy Officer and OGC approves.