



Document Title : Request to Terminate Restriction on Uses and Disclosure of PHI
Policy Reference D00020

Request to Terminate Restriction on Uses and Disclosure of PHI

To Whom it may concern,
I request the termination of restriction/additional privacy protection for my personal health information, towards which I made a request on date _____ which was approved by your Organization on date _____

Signature

Date :

(Printed Name of the Individual): _____

If the signature is not that of the individual, explain reasons, relationship and justification