

**REDISCLASURE PROHIBITED**

**VERBAL DISCLOSURE BY:**

UW Medicine Name/Department: \_\_\_\_\_

Date: \_\_\_\_\_

**PATIENT INFORMATION:**

Patient Name: \_\_\_\_\_

Patient Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**VERBAL INFORMATION DISCLOSED TO:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

*As the recipient of this oral information, you are prohibited from using this verbal disclosure of personal health information for any purpose other than the intended use. The following redisclosure notice applies:*

**Redisclosure Prohibited**

This information has been disclosed to you from records whose confidentiality is protected by Washington State law and Federal rules (42 CFR part 2). Washington State law and Federal rules prohibits you from making any further disclosure of this information unless further disclosure is expressly permitted by the written authorization of the person about whom it pertains, or as otherwise permitted by State or Federal law. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

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**UW Medicine**  
 Harborview Medical Center – UW Medical Center  
 University of Washington Physicians  
 Seattle, Washington

**RECORD OF VERBAL DISCLOSURE OF PHI**

**\*U1866\***

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WHITE – MEDICAL RECORD  
 CANARY - RECIPIENT