

PP-08 Attachment E
Rev. 2/28/06

EXAMPLE Letter – Incomplete Request

UW Medicine Entity
Address

Date: _____

Patient Name: _____

Dear Individual,

The UW Medicine has received a request to disclose your protected health information, BUT we cannot proceed because the form is incomplete. Please fill out the attached **AUTHORIZATION FOR UW MEDICINE TO DISCLOSE PROTECTED HEALTH INFORMATION** or complete the areas that have been highlighted and return it to us so that we can carry out the request.

If you need assistance or if you have questions, you may contact the entity's Release of Information Manager/Supervisor at (XXX) xxx-xxxx. These numbers need to be entity specific.