

# UW Medicine

PP-08 Attachment J  
Rev. 10/16/07

## **UW Medicine Authorization To Disclose Protected Health Information Status Update**

DATE:

TO:

FROM:

### **RE: Your request for Information**

Enclosed are copies of your protected health information requested from UW Medicine. The enclosed health information are records from only:

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Please be informed that you may be receiving other copies from the other UW Medicine entities per your request and these copies will be mailed out separately to you from each of the locations.

Although you may be receiving records from more than one UW Medicine location, you will receive one billing or invoice for your health information that will include the charges for the copied records. This will be an invoice that is inclusive of all UW Medicine entity's fees for processing your request.

If you have any questions, please contact the Records Custodian at the phone number listed below during regular business hours, Monday through Friday.

Sincerely,

Patient Data Services/Medical Records Release of Information Service Area