**UW Medicine ROI Requestor Coordination Cover Letter**

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:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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.

If you have any questions, please contact me at the phone number listed below during regular business hours.

Sincerely,

*Name*

*Title*

*Phone Number*

Health Information Management/Medical Records Release of Information Service Area