Request to Restrict Disclosure of Healthcare Items or Services to Health Plans When Patients Self Pay Out of Pocket

I request that UW Medicine not disclose healthcare items or services to my health plan because I am self-paying for the item(s) or service(s) listed below, for the specific date(s) listed below.
I understand that:

- I must pay the full estimated amount for these services in advance of the visit. The estimated amount may not include all actual fees due, and I am also responsible for paying the full remaining balance of actual fees for services rendered. If I do not pay in full, including any remaining balance, UW Medicine is not required to honor this request.
- This restriction only applies to the item(s) or service(s) listed below. If there are any other healthcare items or services, such as pharmacy, imaging, or lab/pathology, it is my responsibility to request restrictions for them.

My health plan's name:_____

Please list the healthcare item(s) or service(s) being paid for in advance of the visit.	**Date of Service**
1.	
2.	
3.	
4.	

Please send completed form to:

UW Medicine Enterprise Records and Health Information
Box 354914
1959 N.E. Pacific St.
Seattle, WA 98195
Fax: 206.744.9997
Phone: 206.744.9000

_____, _____,
NAME OF PATIENT (PRINTED) BIRTHDATE

Signature (Patient Or Person Authorized To Give Authorization)	Date
If signed by person other than patient, provide printed name, reason, relationship to patient, description of their authority.	

PLACE PATIENT LABEL HERE

UW Medicine
Harborview Medical Center – University of Washington Medical Center
UW Medicine Primary Care – Valley Medical Center – UW Physicians

REQ RESTRICT DISCLOS - SELF-PAY

WHITE – MEDICAL RECORD
CANARY – VARIABLE

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