



HEALTH INFORMATION DISCLOSURE RESTRICTION

I have read the CHAS Notice of Privacy Practices (NPP) and I am requesting CHAS to further restrict disclosures of my personal health information as follows:

CHAS will make reasonable attempts to honor this request but there may be circumstances under which CHAS may continue to make disclosures as permitted or required under law.

If you have questions, want more information, or want to report a problem about the handling of your protected health information, you may contact:

Privacy Officer
Community Health Association of Spokane
203 N. Washington, Suite 300
Spokane, WA 99201
Phone: 509.444.8888 Fax: 509.444.7806

Once this form is complete, please provide to CHAS Front Desk Staff or mail to the CHAS Privacy Officer at the address set forth above.

Signature of patient or authorized representative

Date

Printed name if signed on behalf of patient

Relationship