



HEALTH INFORMATION DISCLOSURE RESTRICTION

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

CHAS Health will make reasonable attempts to honor this request but there may be circumstances under which CHAS Health 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
731 N. Iron Bridge Way
Spokane, WA 99202
Phone: 509.444.8888 Fax: 509.444.7806

Once this form is complete, please provide to CHAS Health front desk staff or mail to the CHAS Health Privacy Officer at the address set forth above.

Signature of patient or authorized representative

Date

Printed name if signed on behalf of patient

Relationship