UCF | Student Health Services

HIPAA Privacy Officer

4098 Libra Drive, Orlando, FL 32816-3333 (407) 823-2092

Please contact the HIPAA Privacy Officer prior to completing this form as applicable restrictions may apply.

HIPAA PRIVACY REQUEST FORM

PATIENT INFORMATION

Date

Name (Last, first, middle initial)

Patient ID

Street address, City, ST, ZIP Code

Primary phone number | Other phone number

Email address

Type of Request

☐ Complaint
☐ Confidential Communication
☐ Amendment
☐ Accounting of Disclosures
☐ Restriction

Please describe nature of action requested (type of information requested; nature of amendment, restriction, alternative communication, or complaint, etc.) **in detail**. *[Note: If this is an alternative communications request, please list alternative location/address for receiving medical information below.]*

Patient Signature: **Date:**

For Administrative Use Only:

Date received

Action taken

Date

Action taken

Date

Privacy Official signature

Date

Attach additional documentation, if applicable.