



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

HIPAA Privacy Officer
4098 Libra Drive, Orlando, FL
32816-3333
(407)823-5258

HIPAA PRIVACY REQUEST FORM

PATIENT INFORMATION

Form fields for patient information including Date, Name (Last, first, middle initial), Patient ID, Street address, City, ST, ZIP Code, Primary phone number | Other phone number, and 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.]

Multiple horizontal lines for describing the nature of the request.

Patient Signature: Date:

For Administrative Use Only:

Form fields for administrative use including Action taken, Date received, Date, and Privacy Official signature.

Attach additional documentation, if applicable.