

THE UNIVERSITY OF CHICAGO ORGANIZED HEALTH CARE ARRANGEMENT REQUEST FOR PHI FOR USES OTHER THAN TREATMENT AND PAYMENT

The UC Organized Health Care Arrangement (or UC OHCA) consists of the University of Chicago Medicine and certain activities of the University of Chicago including physicians.

The University of Chicago Medicine and the University of Chicago Biological Sciences Division take seriously the privacy of our patients' health information and compliance with the HIPAA privacy rules. To obtain protected health information ("PHI") and/or electronic protected health information ("ePHI"), you must complete this form.

Please note that if this form is not complete, we will not be able to provide you with the PHI or ePHI you are seeking.

A. You	ır Information			
Name: Department: Pager #		Title:		
		Room #:		
		ger #:	Email:	Email:
Additio	nal person(s) to be notified of ap	proval/denial including D	Data Administrator (Name	e and Email):
	ormation Requested name and medical record number (if more than 1 patient, atta	ch a list):	
Name		 Medical F	Record Number	_
<u> </u>				
	I request the following PHI/ePHI Patient name Patient address Patient age Patient phone number Financial class Other: (explain)	(be specific): Primary pay Secondary Billing inforr Date of serv Attending M Examining N	payer mation vice ID/ID	Patient diagnosisDescription of injuriesPatient's treatmentPhotograph or video
	pose for Requested PHI e the PHI/ePHI for the following HIF	PAA-compliant purpose(s)	(be specific):	
Do you I If "yes", E. ACH disclosin	please include a copy of your IRB and the copy of your IRB and disposing of requested PHI at that I will not use or disclose the copy of t	Yes approval letter in your subrestand and agree to comply Yes PHI or ePHI for any pur	No mission. with the University of Chical No repose other than the purp	icago Medicine's policies on storing, using, pose stated above and that required patient use or disclose PHI contrary to that stated on
			, 20	
Signatui	re		Date	

Last Updated: August 2012