[Insert letterhead]

**Request to Terminate Communication Accommodation**

|  |  |
| --- | --- |
| Date: |  |
|  |  |
| Requestor’s Name  |  |
| and Address: |  |
|  |  |
|  |  |
| Telephone Number: |  |
|  |  |
| Date of Birth: |  |
|  |  |
| Medical Record Number: |  |

|  |  |
| --- | --- |
| I request to terminate the following communication accommodation dated:  |  |
|  |  |
|  |  |

I understand that this accommodation will be terminated as soon as is reasonably practicable after receipt by the Privacy Officer. I also understand that I will receive confirmation, in writing, that the accommodation has been terminated.

Signature of patient or personal representative (and relationship of personal representative)

For [Insert Covered Entity name] Use Only

Date Request for Termination Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Termination Letter Sent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Privacy Officer/Designee Date