

Partners in Recovery

[Date]

[Member Name]

[Member Address]

Partners in Recovery, its subsidiaries and affiliates, are responding to your recent request that W. McDowell restrict the use and disclosure of your protected health information by [Include Brief Description of the Restriction]. We are unable to grant this request.

Our systems are unable to accommodate this type of restriction and not using or disclosing PHI in the manner that you requested would unduly affect our day-to-day operations.

If you have any questions regarding our decision, please contact the our Privacy Official at <Insert address and phone number>

Sincerely,

(HIGHLIGHTED AREA REQUIRES CLINIC'S NAME)

[Local Privacy Official Name]