**LETTER OF APPROVAL FOR REQUEST FOR RESTRICTIONS**

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

On \_\_\_\_\_\_\_\_\_\_\_\_\_\_ you submitted a request to restrict the use/disclosure of your protected health information (“PHI”) to Coastal Bend Health Education Center (TAMHSC-CBHEC).

TAMHSC-CBHEC’s Privacy Officer has reviewed your request and it has been approved with the following exceptions:

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

If you agree to the above modifications to your request, please forward written approval to TAMHSC-CBHEC’S Privacy Officer within five (5) business days at the following address:

Texas A&M Health Science Center

Coastal Bend Health Education Center

Attn: Privacy Officer

P.O. Box 2565

Corpus Christi, Texas 78403-2565

This restriction may be terminated by you at any time by providing written notice. If you have questions, please feel free to contact me at (361) 561-8595.

Sincerely,

Starr Flores

Privacy Officer