

Response to Request for Special Privacy Protection

Contact Person: Laurie Carr, 303-497-8702, CG4

Fax 303-497-8701

Dear: \_\_\_\_\_

We received your request for special privacy protection.

UCAR agrees to the special protection you requested.

UCAR will grant your request in part, and agree to the following:

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

UCAR does not agree to the special protection you requested.

If a special protection was agreed to, it will continue until the agreement is terminated. If you wish to terminate this special protection, please notify us in writing. If we terminate this agreement, the termination will only be effective with respect to health information we create or receive after we notify you of the termination.

Sincerely,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

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