

Termination of Special Privacy Protection
Contact Person: Laurie Carr, 303-497-8702, CG4
Fax 303-497-8701

Dear: _____

The special privacy protection we agreed to on _____
(date UCAR agreed to protection) is hereby terminated because:

You requested that the special privacy protection be terminated, effective _____
(date)

UCAR is terminating the special privacy protection. This termination is effective with
respect to health information UCAR receives or creates after you receive this notice.

Sincerely,

Signature

Print name

Date