

[letterhead]

[Date]

[Addressee's name and address]

RE: DISCLOSURE OF PROTECTED HEALTH INFORMATION TO [PROGRAM
NAME]

Dear [Addressee's name]:

The Division of Public Health Services is a political subdivision of the Arizona Department of Health Services. The Division and/or its program, as identified herein or in the accompanying attachment(s), is requesting protected health information in its capacity of a public health authority as defined by the Health Insurance Portability and Accountability Act (HIPAA), Standards of Individually Identifiable Health Information (Privacy Rule) [45 CFR 164.501]. This letter and the enclosed documents satisfy the verification requirements of 45 CFR 164.514(h) for disclosures as "authorized by law" and permitted by 45 CFR 164.512(b) or as "required by law" defined in 45 CFR 164.501 and allowed by 45 CFR 164.512(a).

Pursuant to the Privacy Rule, covered entities such as your organization may disclose, without individual authorization, protected health information to public health authorities authorized by law to collect or receive such information [45 CFR 164.512(b)]. The public health authority identified herein is requesting protected health information and related documents for the purpose of the following public health activity, **a surveillance of febrile exanthems (measles, rubella, dengue, erlichiosis and west nile) and the hepatitis (A-E) for the Binational Infectious Disease Surveillance (BIDS) Project under the Border Health Surveillance program for the Arizona Department of health Services Division of Public Health Services. This project is sponsored by the Department of Health and Human Services, Centers for Disease Control, grant number: _____**. This request is made pursuant to Arizona law, as listed in Attachment 1, and pursuant to the Privacy Rule, 45 CFR 164.512(b). The information being requested represents the minimum necessary to carry out the public health purposes of the identified activity [45 CFR 164.514(d)].

Sincerely,

[Name of person authorized to sign for the Program]
[Title of person authorized to sign for the Program]