



1555 Soquel Drive  
Santa Cruz, CA 95065

**RE: Your request for a copy of your itemized statement(s) and/or Billing Form**

In an effort, to fully comply with the federal law known as The Health Insurance Portability and Accountability Act (HIPAA), effective November 1, 2020 Dignity Health requires all individuals to complete a ***“Release of Information Form”*** prior to finalizing your request.

Included with this letter is a copy of the above-mentioned form. Please complete and sign the form to its entirety, to avoid causing any delays with the processing of your request.

You may return the completed form by fax at **(831) 465-7933** or mail it in **to 1555 Soquel Drive in Santa Cruz, CA 95065**. Once our office is in receipt of your request, you will need to allow 48-72 hours for your request to be completed.

Dignity Health takes pride in keeping the confidentiality, and integrity of our patients protected, while remaining in compliant, which is why the necessary safeguards have been implemented. We thank you for your continued support and understanding.

Cordially,

Dignity Health  
Patient Financial Services