
Request for Restriction - Use or Disclosure of PHI

Complete this form to request that our practice restrict the use or disclosure of your health information for purposes of treatment, payment or operations that would otherwise be allowed under HIPAA regulations.

This office must accept any request for restriction to release health information to a health plan (insurance company), unless required by law, if treatment has been paid in full.

Business Name _____

Address _____

Patient Name: _____ DOB: _____

Patient Address: _____

City-State, Zip: _____

Requestor (if other than patient): _____

Legal Authority of Requestor: (attached necessary documentation such as power of attorney) _____

Contact number (home/Cell): _____

Work Phone: _____

Restriction request applies to:

Name of person(s): _____

Name of entity (Business or other healthcare provider):

Insurance provider to obtain payment for treatment received or for healthcare operations as described. This office is required to accept this restriction, unless required by law, *if full payment has been made for the treatment received.*

I understand that there may be fees associated with this visit other than the charges for the actual visit such as lab/radiology fees.

Information to be restricted

Information related to treatment received on: _____

Other:

I understand this request will be considered by the practice and I will be notified in writing of the decision. Any restriction on release of health information to my health plan (insurance company) will be honored if the service has been paid in full. I understand if I have questions I may speak with the office manager, Privacy Officer, or my healthcare provider.

Patient or Personal Representative Signature

Date

Description of Personal Representative's authority (attach necessary documentation)

For Internal Office Use Only:

Request accepted

Request denied

Patient Notified

Patient Notification Attached

Patient Record Updated

Reason for denial: _____

Parties reviewing and concurring with decision _____

