



Document Title Request to Restrict Uses and Disclosure of PHI
Policy Reference D00020

Request to Restrict Uses and Disclosure of PHI

To Whom it may concern,

I request restriction/additional privacy protection for my personal health information that is located in your organization. The details of such restriction/additional privacy are as mentioned below:

1. Why I need this restriction/additional protection?

2. What part of my personal health information needs to be restricted

3. Who are the persons / entities that must be restricted from accessing my personal information

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____

I have read and understood the exceptions and conditions under which my request for restriction of uses and disclosure of PHI may be agreed by Satellite Med

Date :

(Name of the Individual):

If the signature is not that of the individual, explain reasons, relationship and justification

Signature

Office Use Only: Approval Action

Document No:

Date:

Remarks of Approving Authority

Signature

Date

(Name of Approving Authority):

(Typically, Privacy/HIPAA Compliance Officer or Medical Records)

Office Action:

1. Endorse specific remarks on patient's EMR/medical record with agreed upon restrictions on uses and disclosure of PHI
2. Mention the date such restriction comes into effect
3. List specific instructions if any for workforce members who access the individual's PHI

Acknowledgement

Doc No:

Date

Dear _____

Your request for restriction of uses and disclosure of PHI dated _____ has been considered by **Satellite Med** and processed. The restriction has been Agreed/Rejected With following conditions

Signature

Date

(Name of Approving Authority):

Instructions for the Patient

1. The request for restriction on uses and disclosure of PHI can be considered by **Satellite Med** for the following :

- a. Uses or disclosures of PHI about the individual to carry out treatment, payment, or health care operations.
- b. Disclosures of PHI to a family member, other relative, or a close personal friend of the individual, or to any other person identified by the individual, directly relevant to such person's involvement with the individual's care or payment related to the individual's health care.
- c. Disclosures or uses of PHI to notify, or assist in notifying, a family member, a personal representative of the individual, or another responsible person, of the individual's location, general condition, or death.

2. **Satellite Med** may not accept the request under the following conditions:

- a. If the individual who requested the restriction is in need of emergency treatment and the restricted PHI is needed to provide the emergency treatment, or disclose to a health care provider to provide such treatment to the individual.
- b. If restricted PHI is disclosed to a health care provider for emergency treatment, {The Org} shall request that such health care provider not further use or disclose the information.
- c. When access is required by the Secretary of Health and Human Services to investigate or determine compliance with Federal privacy regulations.
- d. For facility directory services when consent cannot be obtained because the patient is incapable of objecting, or an emergency prevents the patient from providing consent or objection, and there is no surrogate decision-maker available.
- e. When disclosure is required or permitted under the law.
- f. For disclosures to appropriate health care agencies and other individuals as required for public health activities, including reports of vital events such as births or deaths.
- g. For disclosures to government authorities when required for victims of abuse or neglect.
- h. For disclosures to health care oversight agencies for health care oversight activities.
- i. When disclosures are in the course of judicial and administrative proceedings or

when required for law enforcement purposes.

j. For disclosures for cadaver organ, eye, or tissue donation purposes.

k. For use and disclosure in the course of Board approved research when the Board has granted a waiver of authorization requirements.

l. To avert a serious and imminent threat to health or safety of individuals..

m. Disclosures pertaining to decedents.