Request for Restriction of Protected Health Information (PHI)

The HIPAA Privacy Regulations provides an individual the right to request restrictions on the uses or disclosures of their protected health information when the uses and disclosures are for treatment, payment, health care operations, and certain uses and disclosures to persons involved in the individual's care or for notification purposes. (45 CFR 164.522) The HIPAA Privacy Regulations do not require that a request for restriction be approved unless the request is to restrict disclosures to a health plan and the following applies:

- the disclosure is to carry out payment or health care operations;
- the disclosure is not required by law; and
- the protected health information pertains solely to a health care item or service for which Infirmary Health has received payment in full from the individual prior to the service being provided. (HITECH Act Section 13405(a) & 45 CFR164.522(a)(vi)

Please read and complete (Print) the following:

Patient Name:	Patient Birth Date:
Last 4 Digits of Patient's Social Security Number:	
Provider Name:	
Name of Person Submitting Request:	
Relationship to Patient:	
Address:	
Phone Number:	

Please specify the protected health information you want to be handled in a restricted fashion, and the restrictions you want us to apply (Use additional sheet if necessary):
Individuals who are to be restricted from the use or disclosure of the protected health information include:

Time frame of the restriction: From:	To:
Please sign and date:	
Signature:	Date:

TO BE COMPLETED BY INFIRMARY HEALTH: Disposition of Request:

☐ Approved	
☐ Denied	
Signature of IH Representative:	Effective Date:
Additional Comments:	

Instructions: If you have any questions, please contact Infirmary Health Privacy Officer at 251-435-5743. Please mail completed form to Infirmary Health, Attn: Health Information Management 5. Mobile Infirmary Circle, Mobile, AL 36607. Requests will be reviewed by the Infirmary Health HIPAA Committee within 60 days of the request.