

UT Southwestern Medical Center

Restriction Request Form For Use and Disclosure of Protected Health Information

Pt. Name: _____

Address: _____

_____ City State Zip

MRN: _____

DOB: _____

SEX: _____

DOS: _____

Date: _____

You are requesting that UT Southwestern Medical Center restrict its use and disclosure of certain types of your protected health information as described below. **Please be aware that UT Southwestern Medical Center is not required to grant your request. For example, UT Southwestern Medical Center may refuse any request for a restriction that could interfere with your care.** If we grant your request, we will honor the restriction, except in instances in which the information is necessary for emergency care. You will be notified in writing of UT Southwestern Medical Center's decision to grant or deny your request. Until a decision is reached, your request for restriction will not be honored. UT Southwestern Medical Center will respond to your request within 30 business days from the date of receipt of your request. Complete and return this form by mail to:

Privacy Officer
UT Southwestern Medical Center
5323 Harry Hines Boulevard
Dallas, Texas 75390-8851

Please describe the information you wish to restrict. Please provide specific details and dates if applicable.

Please describe the reason for your request. Was this visit self-paid in full? No Yes

Please list the specific names, addresses and phone numbers of the persons or businesses whom you wish not to receive your health information.

If we have questions in the process of evaluating your request, how may we contact you?

Patient Signature Time Date

Print Patient Name

Legal Guardian or Patient Representative Signature Time Date

Print Legal Guardian or Patient Representative Name

Relationship to Patient

Office Use Only

Request Received: Time: _____ Date: _____

Request Granted Request Denied Patient Notification Mailed Date: _____

Authorization Signature: _____ Date: _____

Copy to be retained by Privacy Office Original to HIM: Date: _____

Dear Patient:

You have inquired about restrictions on the use and disclosure of your health information. We want you to be aware of the impact of restricting your health information in our complex, integrated environment. UT Southwestern Medical Center offers excellence in many different treatment specialties practicing at UT Southwestern clinics and affiliated hospitals. Your health information is stored in secure systems and is available to healthcare providers at these institutions. This access promotes timely and efficient access to your health information and allows for easy communication among healthcare providers. Approving your request may mean that your health care information will not be available in an emergency.

UT Southwestern Medical Center and its affiliated hospitals recognize and value the importance of safeguarding the privacy of your health records, and we have instituted detailed procedures to protect this information, including:

- Secure areas for storage of paper medical records.
- Security measures for computerized medical records.
- Processes that grant access to medical records to those in patient-care roles and who “need to know.”
- Policies for lawful release of your medical records to authorized people, businesses, or agencies.
- Individual passwords for all computer users so electronic access can be traced.
- Policies limiting medical-record access as described in the Notice of Privacy Practices.

You may request certain restrictions on the use or disclosure of your health information in the custody of UT Southwestern Medical Center. **However, UT Southwestern Medical Center is not required to grant your restrictions.** We have the ability to grant such requests only in limited circumstances because our treatment services and payment and healthcare operations are performed in a complex environment, and because the availability of your health information to all appropriate personnel is vital to provide you with the highest quality healthcare services.

UT Southwestern Medical Center will consider carefully any request for restrictions. All restriction requests must be balanced against UT Southwestern Medical Center’s need to preserve the integrity of its healthcare processes and our need to prevent any interruption in delivering quality care to you, our patient.

If you would like to exercise your right to request a restriction on the use or disclosure of your health information in the custody of UT Southwestern Medical Center, please complete the attached form and return it by mail to:

Privacy Officer
UT Southwestern Medical Center
5323 Harry Hines Boulevard
Dallas, Texas 75390-8851

If you would like to exercise your right to request a restriction on the use or disclosure of your health information that is in the custody of one of UT Southwestern Medical Center’s affiliated hospitals, please contact the particular hospital directly in accordance with the hospital’s Notice of Privacy Practices.

If you have any questions, you may contact UT Southwestern Medical Center’s Privacy Office at 214-648-6080.