

(Place MR Label Here)

MR#:

Patient's Name:

Patient's Address:



UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

Patient Request to Restrict Use/Disclosure of Health Information (to be completed with assistance of clinic/facility manager or other designee)

CLINIC/FACILITY NAME: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Medical Record No. (if known): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Street Address City State Zip

I want to request the following restriction on the use or disclosure of my health information:

- Describe the information you want restricted:

\_\_\_\_\_

- Check whether you want the information restricted from use by UAMS or disclosure outside of UAMS, or both by checking one or both of the boxes that apply to your request:

[ ] Do not disclose this information to individuals or organizations outside UAMS

[ ] Do not use this information within UAMS (This would include your UAMS Physicians & other staff)

- Specify the persons or entities you want this restriction applied to:

\_\_\_\_\_

THIS REQUEST WILL APPLY ONLY TO THIS CLINIC/FACILITY OR TO THIS INPATIENT OR EMERGENCY ROOM VISIT. IF YOU WISH FOR RESTRICTIONS TO APPLY TO ANY OTHER UAMS CLINIC OR FACILITY OR TO ANY OTHER INPATIENT OR EMERGENCY ROOM VISIT, PLEASE CONTACT THAT CLINIC/FACILITY AND COMPLETE A RESTRICTION REQUEST FORM.

THIS REQUEST IS SUBJECT TO REVIEW AND MAY NOT BE APPROVED.

Signature of Patient or Legal Representative Date Time

If Legal Representative, authority of Legal Representative (such as parent of a minor, court-appointed guardian, administrator of estate of deceased, attorney-in-fact appointed with power of attorney, or healthcare proxy)

\*\*\*\*\* Staff Use Only \*\*\*\*\*

UAMS response to request: [ ] agreed to request [ ] denied request

Informed Patient: [ ] verbally [ ] in writing Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Signature of UAMS Authorized Personnel Date Time



Med Rec 2348 (10/11) HIPAA

File Original in Patient's medical record and send a copy to the UAMS HIPAA Office, #829

UAMS Administrative Guide policy 3.1.34