



Request for a Restriction on Protected Health Information

Federal law says that you have the right to request a restriction on certain uses and disclosures of your protected health information. See the other side for information about your right to request a restriction and the uses and disclosures on which you may request a restriction. The agency is not required to agree to a restriction.

Name _____ Date of Birth _____

Phone Number (____) _____ Social Security Number _____

Street Address _____

City _____ State _____ Zip _____

If you receive Medicaid, enter your Medicaid ID number or gold card number from the back of your Medicaid ID card _____

I am asking to restrict the following health information from being used and disclosed. (Please be specific about the information and state whom you do not want to have the information. For example, *Do not disclose any information about my claims to my husband.*)

Signature _____ Date _____

Signature of Authorized Representative _____ Date _____

OR

Relationship of Authorized Representative _____

(Attach documentation that you are a personal representative, for example: authorization form, durable power of attorney, court order, guardianship papers)

To Be Completed by the Agency for Health Care Administration

Approved _____

Denied _____
(Give the reason)

Comment _____

AHCA Representative Signature _____ Date _____

Your Right to Restrict Your Protected Health Information

You have a right to request a restriction on certain uses and disclosures of the protected health information about you that is in the Agency for Health Care Administration records. You may request restrictions on uses and disclosures for treatment, payment, and health care operations; information to individuals involved in your care; and information for disaster relief purposes. You may submit your request directly to the Privacy Officer at the address given at the bottom of this page or to your Area Office, which will forward it to the Privacy Officer.

You may request a restriction only on uses and disclosures:

- **To carry out treatment, payment, or health care operations;**
- **To individuals (family member, relative, friend, etc.) who are involved in your care or payment for your care; or**
- **For disaster relief purposes.**

The Agency is not required to agree to a restriction.

If you are in need of emergency treatment, and the restricted information is needed to provide the emergency treatment, the Agency may disclose this information.

The Agency may terminate its agreement to a restriction if:

- You request the termination; or
- The Agency informs you that it is terminating its agreement to the restriction. A termination will only apply to protected health information that the Agency creates or receives after it informed you about the termination of the restriction.

If you have any questions about restricting your protected health information, call or write to:

Privacy Officer
Agency for Health Care Administration
2727 Mahan Drive, Mail Stop 4
Tallahassee, Florida 32308
Phone: 850-488-3849