

Request for Restrictions of Protected Health Information Form

Please complete the following information:

Patient Full Legal Name	Date of Birth	Medical Record #
Mailing Address	Telephone Number	
Date(s) associated with the information to be restricted (e.g. date of office visit, treatment or other healthcare services).		
I request the following health information contained in my medical or billing record be restricted (e.g. lab results, physician notes):		
What is your reason for making this request? (Optional)		
Patient Rights: Roper St. Francis Healthcare (RSFH) must permit patients to request restrictions of their protected health information (PHI). Patients may request uses and disclosures of PHI for treatment, payment and healthcare operations; disclosures to a family member, close person friend or any other person identified by the patient; and disclosures of PHI to notify or assist in the notification of a family member, personal representative or another person responsible for the care of the patient of the patient's location, general condition or death. All requested must be submitted in writing.		
RSFH Responsibilities: RSFH is not required to grant most restrictions and is precluded from granting restrictions that would violate the law. If we agree to the restriction, we will comply with it unless you ask to terminate the restriction or we notify you that we are terminating the agreement. If you require emergency treatment, we may release the restricted information without your consent if it is needed to provide that treatment.		
Print Name of Patient or Legal Representative	If Legal Representative, what is the Relationship to the Patient	
Signature of Patient or Legal Representative	Date	
THIS SECTION TO BE COMPLETED BY ROPER ST. FRANCIS HEALTHCARE PERSONNEL ONLY		
DISPOSITION OF PATIENT REQUEST: The above request for restriction of PHI has been: Granted ____ Denied ____ Reasons(s) for Denial, if applicable:		
Signature of RSFH Medical Records Manager	Date	
Mailing Address	Phone Number	

