



Extension—Request to Restrict PHI
Hillsborough County
Extension of Time to Respond to an Individual's Request
to Restrict Access to Protected Health Information

Directions: This form is to be used to notify an individual that Hillsborough County may require an extension of time to respond to a request to restrict access to protected health information (PHI). Its contents should be entered into the HIPAA compliance system by your Privacy Liaison. The form should also be filed with the patient's records.

Date: _____

Individual's full name: _____

Social Security No. or other patient identifier: _____

On _____ (insert date), you submitted a request to restrict access to protected health information (PHI). Hillsborough County is not able to respond to your request within the 60-day period. As allowed by law, we are providing this written statement of our exercise of an extension of time to respond to your request. This extension allows Hillsborough County up to 30 additional days to respond to the request to restrict access to PHI.

Reason for delay: _____

Date response will be provided: _____

Original signature of Hillsborough
County Compliance Officer: _____

Date signed: _____