



**Request—Restrict PHI
Hillsborough County
Individual's Request to Restrict Uses and Disclosures
of Protected Health Information**

Directions: This form is to be used whenever a person requests to amend protected health information from Hillsborough County. Its contents should be entered into the HIPAA compliance system by your Privacy Liaison.

You have a right to request that Hillsborough County restrict uses or disclosures of protected health information (PHI). Please read this page carefully and sign the restrictions request to confirm that you understand its content.

Describe the information that is to be restricted: _____

I am requesting restrictions on uses and disclosures of PHI made between:

_____ and _____
 (date) (date)

Please note: Hillsborough County must release PHI, regardless of a restriction, for the following purposes:

- To the Secretary of the Department of Health and Human Services as requested.
- For use in a facility directory.
- To provide emergency treatment.
- As required by §164.512. This includes uses and disclosures required by law; by public health activities; about victims of abuse, neglect or domestic violence; for health oversight activities; for judicial and administrative proceedings; for law enforcement purposes; about decedents; for organ donation; for research purposes; to avert serious threat to health or safety; for specialized government functions; and for workers' compensation.

If information is disclosed for these reasons Hillsborough County will indicate that you have requested that the information not be used or disclosed for any other reason.

Hillsborough County will contact you to discuss your request for restrictions, and also will confirm the restrictions. If you have any questions, please contact Hillsborough County's Privacy Office at (813) 276-2343.

Identification of individual: _____

Original signature of individual or individual's Personal Representative: _____ Date signed: _____

Printed name of individual or individual's Personal Representative: _____

<p><i>For internal use only:</i> Date Received: _____ Recipient: _____</p>
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