



**Response to Request—Restrict  
Hillsborough County  
Response to Request to Restrict  
Uses and Disclosures of  
Protected Health Information (PHI)**

**Directions:** This form is to be used to inform an individual of Hillsborough County’s response to his or her request to restrict access to his or her 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: \_\_\_\_\_

SSN or other patient identifier: \_\_\_\_\_

Per your request of \_\_\_\_\_ (insert date), Hillsborough County will restrict uses and disclosures of PHI in the following manner:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For 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 45 CFR §164.512. This includes uses and disclosures required and allowed in connection with treatment, payment, and health care operations; in connection with 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.

If you have any questions, please contact the Hillsborough County Privacy Officer at (813) 272-5900.

Original signature of Compliance Officer/Privacy Liaison (and Security Liaison for any incidents involving ePHI):

\_\_\_\_\_

Date signed: \_\_\_\_\_