

Tuscola County Health Department (TCHD)
Request for Additional Restrictions on the Use and Disclosure of
Protected Health Information (PHI) by Individuals
To be filled out by the individual or authorized representative requesting restrictions

Name _____

Address _____

Birthdate _____

Social Security # _____

Telephone _____

Description of restriction requested on the Use or Disclosure of Protected Health Information: _____

I understand that the TCHD is not required by law to accept this restriction. If this restriction is accepted, the TCHD may terminate this agreement for any reason at any time upon proper notice. However the termination is only effective with respect to Protected health Information created or received after the TCHD informs me of the termination. I may also request a termination of the restriction. I further understand that your practice may temporarily waive the above restriction and use or disclose my Protected Health Information as needed, if, in the professional judgment of the TCHD such action is required to provide emergency treatment to me or another individual.

Signature of individual requesting restrictions:

Date

Description of authority if signed by a personal representative

Signature of authorized representative

Tuscola County Health Department (TCHD)
Request for Additional Restrictions on the Use and Disclosure of
Protected Health Information (PHI) by Individuals
For Tuscola County Health Department Use Only:

Date Received: _____

The TCHD AGREES to the aforementioned request(s) to restrict PHI

DOES NOT AGREE to the aforementioned request(s) to restrict PHI

Reason for not agreeing: _____

Comments: _____

Identification of all parties who may need to be informed of Request in order to insure that it is carried out and appropriate flags/notices placed in record so that all who access the record will be made aware of restriction:

Parties	Date Request Forwarded

Date form filed in client's record: _____

Program who holds record: _____

Name of staff member: _____ Title: _____

Signature of staff member: _____ Date: _____