SSM Health | Dean Medical Group

PATIENT REQUEST FOR RESTRICTIONS ON RELEASE OF PROTECTED HEALTH INFORMATION

In some circumstances, patients can request restrictions on who can use their health information and to whom it can be released. This form is used to document any requests for restrictions that a patient may have. The Privacy Officer is available to answer any questions patients may have regarding restrictions and releases of protected health information.

Examples of more common restrictions include the following:

1. Revoking a previous authorization to release health information. We will have you fill out a separate form for this request.
2. Restrictions on releases of information to family members who you may have previously authorized to receive information.
3. Restrictions on communications with Dean Health System (DHS). For example, some patients may not want appointment reminders called to their home number.
4. Restrictions on the use of health information for treatment, payment or health care operations. Please note, a request for this type of restriction may cause you to not be able to receive treatment at DHS and we ask that you discuss this type of restriction with our Privacy Officer.

Patient Name: _____

Address: _____

Birth Date: _____/_____/_____

Please use the space below to describe the type of restriction you are requesting. The DHS Privacy Officer will be involved in reviewing this restriction. Any questions you have about this form or process can be directed to the Privacy Officer.

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Signature of Patient or Legal Representative:

_____

Date: _____/_____/_____

Please submit this form to a Clinic Representative or to:

Dean Health System 1808 W. Beltline Hwy Madison, WI 53713 Attn: Privacy Officer

Dean Health System - for Internal Review Purposes Only
(Privileged and Confidential)

Privacy Officer comments on request:

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Action taken:

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Privacy Officer signature: _____

Date: _____/_____/_____