



REQUEST FOR RESTRICTION OF HEALTH INFORMATION

Patient Name _____
Date of Birth _____ Medical Record Number _____
Patient Address _____
Patient Phone _____

You have a right to request a restriction or limitation on the protected health information that the Hospitals of the University of New Mexico Health Sciences Center ("the HSC") use or disclose about you for treatment, payment, or health care operations. **The HSC is not required to agree to your request.** If we agree to your request, we will adhere to this restriction unless the information about you is needed to provide you with emergency treatment or to comply with the law.

I am requesting the following restriction(s):

- For this admission, I do not want my name to appear in the Hospital patient directory
- For this admission, I do not want my name to appear on lists provided to the Hospital's pastoral care services
- Other: The information I wish to restrict is: _____

I want to restrict:

- The HSC's disclosure of this information

I want the restriction to apply to the following person/entity (e.g., spouse): _____

If you checked the box "Other", we will review your request and provide you with a written response. Depending upon the nature of your request, it may take several days to respond. Until your request has been accepted, we will use and disclose your health information in a manner consistent with our Notice of Privacy Practices and applicable law.

Examples of restriction requests that the we cannot honor:

- Requests to restrict medical students or residents from accessing your medical information.
- Requests restricting the HSC from giving your name to an insurance company that will be asked to pay a portion of your bill.
- Requests restricting the HSC from reporting your identity and condition to an entity or organization where the HSC is required to do so by law.

Signature: Patient/Parent/Personal Representative _____ Date _____

If other than the patient, specify relationship: _____

After the HSC has accepted a restriction, it may be terminated if:

1. You request in writing that the restriction be terminated. Address correspondence to HSC Privacy Officer, MSC 08 760, Albuquerque, NM 87131. Please include patient name and medical record number that appeared on the accepted restriction request; OR
2. The HSC informs you in writing that it is terminating the restriction. In this case, the termination only applies to your personal health information created or received by the HSC after you have been notified of the termination.

FOR HSC HOSPITALS USE ONLY: Request Accepted Request Denied

Name: _____ Title: _____ Date: _____