UCR HEALTH
REQUEST FOR SPECIAL RESTRICTION ON USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

Name: _____

Date of Birth: _____Date:_____

I understand that UCR Health may use or disclose my protected health information (PHI) for the purposes of treatment, payment, and healthcare operations. UCR Health may also disclose information to someone involved in my care or the payment for my care, such as a family member or friend. I understand that UCR Health does not have to agree to my request.

I hereby request a restriction on UCR Health's use or disclosure of protected health information.

The information I want limited is:

_____
_____
_____

I want the limits to apply to the following person/entity:

_____

I understand that UCR Health does not have to agree to my request. Even if UCR Health agrees to the restriction, it may share information anyway in the following circumstances:

- During a medical emergency, if the restricted information is needed to provide emergency care.
- Certain public health activities.
- Reporting abuse, neglect, domestic violence or other crimes
- Health oversight activities, law enforcement investigations, judicial or administrative proceedings.
- Identifying decedents to the coroner, or determining a cause of death
- Worker's compensation programs
- Uses or disclosures otherwise required by law

If a special restriction is agreed to, it may be terminated if:

1. I request, or agree to, the termination in writing.
2. I orally agree to the termination and the oral agreement is documented.
3. UC Riverside Health informs me that it is terminating our agreement. In this case, the termination is only effective for PHI created by UC Riverside Health or received by UC Riverside Health after I am notified of the termination.

Signature of patient or representative _____*Date* _____

Relationship to patient (if representative): _____

Forward to: **University of California Riverside Health Correspondence, Health Information Management Department, 900 University Avenue, Riverside, California 92521.**