HUNTSVILLE HOSPITAL

101 SIVLEY ROAD • HUNTSVILLE, AL 35801 •(256) 265-1000

Patient Label

623 REQUEST FOR RESTRICTIONS ON PHI

COMPLETION OF THIS FORM DOES NOT GUARANTEE THAT THE REQUEST HAS BEEN GRANTED. YOU WILL RECEIVE WRITTEN DENIAL OR APPROVAL WITH AN EXPLANATION WHEN APPROPRIATE.
This form should be completed when the patient has indicated that he would like to have restrictions placed on the use or disclosure of his individual health information. Allow a reasonable amount of time to process the request.
Note: This request for restrictions will only apply to the specified visit.

Patient's Full Name (PRINT) ____________________

Date of Birth ____________________ SS#(Optional) ____________________

Date of Service ____________________ Patient # ____________________

Mailing Address ____________________

City/State/Zip ____________________

Phone # to Notify Patient (if you wish this to be confidential, give a number where you can be reached)

____

Restriction(s) Requested (be specific): ☐ Pay in Full* ☐ Other: ____________________

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___Patient or ___Authorized Representative (PRINT NAME) ____________________

Signature of Person Submitting Request ____________________ Date ____________________

This provision may not apply to health care provided to an individual on an emergency basis.

**Patient is responsible for all possible physician professional fees associated with care (Emergency Department physician, radiologist, pathologist, etc.). I understand that as the patient I am responsible for telling subsequent providers of the restriction and to contact each to pay in full.*

A copy of this form should be given to the patient

OFFICE USE ONLY:

Employee Receiving Request (PRINT) ____________________ Phone ____________________

Department ____________________ Date ____________________

Submit to Privacy Officer, Phone (256) 265-9257 Fax (256) 265-4477

Date Received: ____________________

Review by: ____Privacy Officer ____Medical Records Director ____Compliance Committee

Comments: ____________________

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______Approved_____Denied

Signature ____________________ Date ____________________

07/12,09/13, 1/19

Form # NS 285893

ROI623