Hill Physicians

Request to Restrict the Use and/or Disclosure of an Individual's Protected Health Information

Health Insurance Portability and Accountability Act of 1996
45 CFR 160 §164.522

Please fill in

Individual's First and Last Name _____

Hill Physicians MR Number: _____

I, _____ request that Hill Physicians Medical Group, and any of its business associates, who has, will have or may have had access to my protected health information, as contained within the Hill Physicians' designated record set, restrict the current or future use and/or disclosure of my protected health information as follows:

_____

_____

_____

I understand that Hill Physicians is not required to agree to this requested restriction and that any denial of this restriction will be communicated to me in accordance with Hill Physicians' policies and procedures.

I understand that if Hill Physicians accepts the above restriction request, the restriction may be terminated in the following manner:

1. By Hill Physicians', or their business associate's, or my written request and acceptance of the termination; or
2. By Hill Physicians', or their business associate's, oral request and my oral acceptance of the request along with written documentation of the conversation; or
3. Upon notification from Hill Physicians, or their business associate, that the restriction agreement is being terminated; however, such termination is only effective for protected health information created on or after the date on which I received notice of the restriction termination.

Dated _____ By: _____
Signature

_____
Print your name

—Form continued on back

Please fill in

I am the authorized representative of _____.

I am making this restriction request for and on behalf of the above Individual for the following reason: _____

_____

_____

_____

_____

Dated _____ By: _____
Signature

_____ _____
Relationship Print your name

Please return this form to Hill Physicians by mail or fax:

Mail

Hill Physicians Medical Group
Attn: Director, Customer Service
P.O. Box 5080
San Ramon, CA 94583

Fax

(925) 327-6626
Attn: Director, Customer Service