



Patient Name: \_\_\_\_\_

MRN: \_\_\_\_\_

DOB: \_\_\_\_\_

\* 100118\*

**Request for Restriction on Uses & Disclosures of Protected Health Information**

Please complete the following information:

Date: \_\_\_\_\_

1. Date(s) of Encounter to be held as Restricted: \_\_\_\_\_

2. Type of Encounter(s) to be held as Restricted: \_\_\_\_\_

3. Listing of Ancillary Service(s) to be held as Restricted: \_\_\_\_\_

4. From whom should this information be restricted: \_\_\_\_\_

	List Specific Tests/Encounters	List the Date of the Tests
Clinical (Lab) Test:	_____	_____
Medical Imaging (x-ray) Test	_____	_____
Behavioral Health Reports	_____	_____
Therapy reports	_____	_____
Other	_____	_____

5. Name of the Healthcare Provider(s) who was seen at the time of the Encounter:

\_\_\_\_\_

\_\_\_\_\_ **9**



Patient Name:  
MRN:  
DOB:

### Request for Restriction on Uses & Disclosures of Protected Health Information

**To be completed by Nemours**

**Restriction has been:**      **Accepted**      **Denied (If denied, check the reason for denial):**  
**Upon recommendation of the Health care Provider**  
**Upon recommendation of the Operational Review Team**  
**Federal/State law prohibits the restriction**

**Comments by the Healthcare Provider:**

**Comments by the Operational Review Team:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Request for Restriction has been reviewed by the following:**

_____	_____	_____	_____	_____
Signature	Please Print Name	Date	Time	AM PM
_____	_____	_____	_____	_____
	Please Print Name	Date	Time	AM PM

**Notification was sent to:**

**Who received notice**

**Date Sent**

- Patient/Legal Representative**
- Provider**
- Scheduling**
- Central Billing Office (CBO)**
- Medical Imaging**
- Clinical Lab**
- Other**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
**Signature of Staff Member**

\_\_\_\_\_  
**Please Print Name**

\_\_\_\_\_  
**Please Print Title**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Time**      **AM**  
**PM**

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and all entities operating under the name

Nemours Children