Date

Name

Address

Dear      ,

We reviewed your request for restrictions on the use and disclosure of Protected Health Information (PHI).

[ ]  Your request has been accepted. The Department will attach this restriction to the client’s/patient’s records and will notify any Business Associate to which the restriction(s) may apply. We will not honor this restriction request under the following circumstances:

* When there is an emergency situation
* The restriction is terminated by either the Department or the client/patient;
* Where the PHI requested for restriction was used, disclosed or released prior to the request; and
* As required by law.

[ ]  Your request has been denied for the following reason(s):

[ ]  The records were not created by this Department;

[ ]  Records were released prior to the Department receiving the request for restriction;

[ ]  Other:       .

Sincerely,

[Signature]