



Request for Restrictions for Use and Disclosure of PHI

HIM #1414s

<i>Patient's Name</i>		<i>Date of Birth</i>
<i>Patient's Address</i>		
<i>Phone #</i>	<i>Medical Record #</i>	
Complete all areas below with as much detail as possible:		
<p>I request that the University of North Carolina Health Care System (UNC HCS) restrict the use or disclosure of protected health information about me in the manner described here (please be specific, i.e., the information to be restricted, dates of creation of the information, how you wish UNC HCS to restrict its use or disclosure of the information, the reason for request):</p>		
<p>I understand that UNC HCS is not required by law to accept my requested restrictions, but if accepted, UNC HCS agrees to abide by the restrictions, except in emergency situations. I also understand that any accepted restriction is not effective to prevent uses or disclosures which are: permitted or required by law without my authorization or the opportunity to object, requested by the Secretary of the Department of Health and Human Services, for directory purposes (unless I have objected to being included in the hospital or facility directory when admitted as an inpatient), or uses or disclosures made prior to acceptance date.</p> <p>I understand that if this request is accepted and put into place, it may make the provision of care to me more difficult and/or less effective.</p> <p>I understand that either UNC HCS or I may terminate this restriction in writing at any time in the future. If UNC HCS terminates its agreement to the restriction, I understand I must either agree in writing or orally to the termination, or UNC HCS may inform me of the termination and make it effective only for protected health information created or received after it has informed me of termination.</p>		
<i>Signature of Patient</i>	<i>Date</i>	<i>Time</i>
<i>OR Signature of Authorized Representative</i>	<i>Date</i>	<i>Time</i>
<i>Printed Name of Authorized Representative</i>	<i>Phone Number of Authorized Representative</i>	
<i>Explain Representative's authority to act on behalf of the Patient:</i>		
UNC HEALTH CARE SYSTEM INTERNAL USE ONLY		
<i>Date Received:</i>	<i>Determination:</i> <input type="checkbox"/> Accepted <input type="checkbox"/> Denied	
<i>If denied, state reason for denial:</i>		
<i>Signature/Title of Staff Member</i>		<i>Date:</i>



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Please send your completed Request for Restrictions for Use and Disclosure of PHI Form by fax or mail to the entity listed below:	
For:	Send to:
UNC Health Care System/UNC Medical Center Caldwell Memorial Hospital Chatham Hospital Rex Healthcare / Rex Hospital	UNC HEALTH INFORMATION MANAGEMENT ATTN: RELEASE OF INFORMATION 500 Eastowne Drive, Chapel Hill, NC 27514 (fax) 984-974-0471; (phone) 984-974-3226
UNC Physicians Network	Return directly to UNC Physicians Network Clinic
Johnston Health	Johnston Health, Attn: Health Information Management – Release of Information, PO Box 1376, Smithfield, NC 27577; (fax) 919-934-9266; (phone) 919-938-7705
Margaret R. Pardee Memorial Hospital	Pardee, ATTN: HIM – Release of Information, 800 North Justice Street, Hendersonville, NC 28791 (fax) 828-696-1097; (phone) 828-696-1094
Nash Healthcare System / Nash Hospitals	Nash UNC Health Care, 2460 Curtis Ellis Drive, Health Information Management, Rocky Mount, NC 27804 (fax) 252-962-8291; (phone) 252-962-8130
Lenoir Memorial Hospital	UNC Lenoir Health Care, ATTN: Health Information Services-ROI 100 Airport Rd, PO Box 1678, Kinston, NC 28503-1678 (fax) 252-522-7099; (phone) 252-522-7185
Wayne UNC Health Care	Wayne UNC Health Care, Health Information Management 2700 Wayne Memorial Drive, Goldsboro, NC 27534 (fax) 919-587-2975; (phone) 919-731-6117
UNC Rockingham Health Care / Rockingham Hospital	UNC Rockingham Health Care, ATTN: Health Information Management Department 117 E Kings Hwy, Eden, NC 27288 (fax) 336-623-6902; (phone) 336-627-6194

