



Restriction Request Form

This form is intended for use by an individual to exercise his/her right to request to restrict use or disclosure of protected health information (PHI) at Vecino Health Centers ("Vecino").

Individual requesting restriction

Name: _____

Date of birth: _____

Telephone: _____

Address: _____

Please read the following and complete the information requested.

You have the right to request that we restrict our use or disclosure of your PHI, including for treatment, payment or our health care operations. We are under no obligation to agree to your request. If we do agree, our agreement must be in writing and we will then restrict our use or disclosure of your PHI as you request. In spite of this agreement, we may use or disclose the restricted information in an appropriate medical emergency when the information is needed for your treatment or when the use or disclosure is required by law.

You may end the restriction at any time by notifying us in writing. We may end our agreement to restrict use or disclosure of your PHI at any time by notifying you in writing. If you agree with our decision to end the restriction, your PHI will no longer be subject to the restriction. If you disagree, our termination of the restriction will apply only to your PHI that we receive after we gave you our notice terminating the restriction.

Please specify the protected health information to be covered by the proposed restriction:

Please state the restriction you want to apply to that protected health information:

Signature

I request Vecino to restrict the use or disclosure of my PHI. I understand that Vecino is under no obligation to agree to my request, and that there will be no agreement unless Vecino informs me in writing that it agrees to my request.

Signature: _____

Date: _____

If this request is being made by a personal representative, please provide a description and sign below.

Print name: _____ Signature: _____

Mail, fax, or personally deliver to:

Privacy Officer
5808 Airline Drive
Houston, TX 77076
Fax: 713-695-6929

YOU ARE ENTITLED TO A COPY OF THIS REQUEST.