

The University of Iowa
Privacy Rule

Request for Restricting Use or Disclosure of Protected Health Information

Instructions: Place a check or other mark in the space provided or indicate "not applicable" (N/A) to indicate which request applies

I wish to restrict the use or disclosure of my protected health information by The University of Iowa in the following manner:

- I. I wish to restrict release of the following information (e.g. that I have had a particular treatment or diagnosis (to the extent this is permissible by law) _____
 - II. I wish to restrict the use and disclosure of protected health information in the following way: _____
 - III. I request that this restriction apply to the following individuals or entities: (identify the person or entities to whom you do not want information released): _____
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Signature

Clinic

Date

Signature of Staff Member

Title

Date

Give this request to the clinic administrator or send it to the HIPAA Privacy Officer, C-43 GH, The University of Iowa, Iowa City, Iowa, 52242