

PLUMAS COUNTY, CALIFORNIA

**RESPONSE TO
REQUEST FOR SPECIAL RESTRICTION ON USE OR
DISCLOSURE OF PROTECTED HEALTH INFORMATION**

Facility Name: _____

Address: _____

Date: _____

Name of Patient: _____

On ____/____/____, you requested that we limit our use or disclosure of protected health information.

- _____ **agrees** to the restriction you requested.
- _____ **does not agree** to the restriction you requested.
- Other _____

Even if a special restriction is agreed to, the information may be shared anyway in the following circumstances:

- During a medical emergency if the restricted information is needed to provide emergency treatment.
- For certain public health activities.
- For reporting suspected abuse, neglect, domestic violence or other crimes.
- For health agency oversight activities or law enforcement investigations.
- For judicial or administrative proceedings.
- For identifying decedents to coroner and medical examiners or determining a cause of death.

If a special restriction is agreed to, it may be terminated if:

- You request or agree to the termination in writing.
- You orally agree to the termination and the oral agreement is documented.
- _____ informs you that it is terminating the agreement. In this case, the termination is only effective for protected health information created or received by _____ after you are notified of the termination.

For more information about your privacy rights, see the Notice of Privacy Practices. It is available here and will be mailed to you upon receipt of a written request.

Sincerely,