

# SAN FRANCISCO HEALTH SERVICE SYSTEM

## REQUEST FOR RESTRICTIONS

You have the right to request a restriction or limitation on the use or disclosure of your protected health information for purposes of treatment, payment, or health care operations. You also have the right to request that we restrict the disclosure of your protected health information from those involved in your health care or the payment for your health care, such as with a family member or friend. For example, you may request that we not use or disclose your protected health information relating to a procedure you may have had.

We are only required to agree with your request for restrictions in the following situation: you request that we restrict a disclosure to a health plan for purposes of carrying out payment or health care operations (and not for purposes of carrying out treatment), provided the protected health information pertains solely to a health care item or service for which a health care provider involved has been paid out of pocket in full.

*In all other cases, we are not required to agree with your request for restrictions.* However, if we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

To request restrictions, you must make your request in writing by filling out this form and submitting it to Marina Coleridge, Privacy Officer, San Francisco Health Service System, 1145 Market Street, 3<sup>rd</sup> Floor, San Francisco, CA 94103.

In your request, you must tell us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply (e.g., disclosures to your spouse or children).

I request the following specific restrictions to the use or disclosure or both of my protected health information:

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\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
BIRTH DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

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For further information please contact:  
Marina Coleridge, Privacy Officer  
San Francisco Health Service System  
1145 Market Street, 3<sup>rd</sup> Floor  
San Francisco, CA 94103  
(628) 652-4700

See our Notice of Privacy Practices available online at [sfhss.org](http://sfhss.org). A printed copy is also available upon request from the San Francisco Health Service System.

### For HSS Only:

Date received: \_\_\_\_\_  Accepted  Denied

Date and method of informing individual of original decision:  
\_\_\_\_\_

Advised TPA of Restriction: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Staff Member Signature

\_\_\_\_\_  
Date