Form #: CP 03
Owner: Compliance & Privacy

Request for Restriction of Uses and Disclosures of Protected Health Information

Individuals have the right to request restrictions on the use and/or disclosure of the protected health information (PHI) in LCMC Health's designated record set. Please be advised, should you request restriction of PHI to your health plan, you will accept responsibility for payment. Should you then decide to rescind this restriction, the health plan may deny any payment due to the inability to pre-authorize and/or determine medical necessity for the service prior to your admission. Please complete the following so that we can timely process your request and determine LCMC Health will accept or deny the request.

Patient Name: ____

Patient MRN: ____________________ Patient Date of Birth: ____________________

Patient Mailing Address: ____

____

Date of Request: ____________________ Date of Service: ____________________

Name of Requestor if Different from Patient: ______________________________

Phone number of Patient/Requestor: ______________________________

1. What is the specific restriction on the use and/or disclosure of PHI you are requesting?

____

____

Use additional pages if necessary

2. Specify which organizations/individuals you seek a restriction from accessing your protected health information:

____

____

Use additional pages if necessary

3. Date and Encounter for which PHI is to be restricted (date of office visit, date of procedure, other services):

____

Use additional pages if necessary

______________________________ ______________________________
Patient Signature Date

______________________________ ______________________________
If Necessary, Signature of Patient's Representative Date

Relationship of Representative to Patient: ______________________________

4. Submit this completed and signed form to the LCMC Health Compliance department via mail or email at the following address: LCMC Health Compliance Department, 1100 Poydras St. Suite 2500 New Orleans, LA 70163; compliance@lcmchealth.org