

**UCLA HEALTHCARE**

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

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NAME: \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that UCLA Healthcare may use or disclose my protected health information (PHI) for the purposes of treatment, payment, and healthcare operations. UCLA Healthcare may also disclose information to someone involved in my care or the payment for my care, such as a family member or friend. I understand that UCLA Healthcare does not have to agree to my request.

I hereby request a restriction on UCLA Healthcare’s use or disclosure of protected health information. The information I want limited is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I want the limits to apply to the following person/entity:

\_\_\_\_\_

I understand that UCLA Healthcare does not have to agree to my request. Even if UCLA Healthcare agrees to the restriction, it may share information anyway in the following circumstances:

- During a medical emergency, if the restricted information is needed to provide emergency care.
- For certain public health activities
- For reporting abuse, neglect, domestic violence or other crimes
- For health oversight activities, law enforcement investigations, judicial or administrative proceedings
- For identifying decedents to the coroner, or determining a cause of death
- For worker’s compensation programs
- For uses or disclosures otherwise required by law

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

1. I request, or agree to, the termination in writing.
2. I orally agree to the termination and the oral agreement is documented.
3. UCLA Healthcare informs me that it is terminating our agreement. In this case, the termination is only effective for PHI created by UCLA Healthcare or received by UCLA Healthcare after I am notified of the termination.

\_\_\_\_\_  
Signature of patient or representative

\_\_\_\_\_  
Date

Relationship to patient (if representative: \_\_\_\_\_)

***(Forward to the HIMS/Privacy Management Office, UCLA Healthcare, HIMS Director, 10833 Le Conte Avenue, Room CHS BH-921 Los Angeles, Ca 90095-7305)***