THE UNIVERSITY OF TEXAS AT DALLAS
CALLIER CENTER FOR COMMUNICAITON DISORDERS

REQUEST FOR RESTRICTION ON USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

The University of Texas at Dallas recognizes an Patient's right to request restrictions its uses and disclosures of medical information for purposes of payment, health care operations, and certain notification disclosures. As a practical matter, normally University cannot agree to restrictions on use and disclosure of medical information. However, University will agree to restrictions on providing PHI to your health insurer for services or items for which you pay out of pocket in full unless state or federal law requires such a disclosure. University will consider the special circumstances for which you make your request. If we agree to your request, we will comply with your requested restriction unless either the restriction is terminated, the use or disclosure is necessary for your emergency treatment, or the use or disclosure is legally permissible for reasons other than payment, health care operations, or notification disclosures.

Name: _____ Daytime Phone # _____

Address: _____

DOB:_____ Email Address _____

Describe the types of medical or payment information you wish to be restricted: _____
_____
_____

To whom are you requesting this information not be disclosed? _____
_____
_____

Why are you requesting this restriction? _____
_____
_____
_____

If compliance with your request will affect University's ability to receive or make Payments in connection with a service or item, what would be a feasible alternative method for us to perform the Payment operation to be performed?

_____
_____
_____

Signature: _____ Date: _____

If the request is signed by a legal representative of the individual:

Printed name of legal representative: _____

Representative's authority to act for the individual: _____

If signed by a legal representative of the individual, please note that we must verify that you are this individual's legal representative for purposes of filing this Request. Please enclose any documents that support this authority (Power of Attorney, Court Order, etc). As this person's representative, can you be contacted at the address, e-mail, or phone number listed above? If not, please provide your mailing address, e-mail address and phone number below:

_____
_____
_____

University Use Only

Person processing request for restriction: _____

Date request received: _____

Restriction: □ Granted □ Denied Date individual notified: _____