RESTRICTION OF USE AND DISCLOSURE REQUEST

Date of Request:			
I hereby request special privacy protection for:			
NAME:		DOB / ID#	
ADDRESS:	City State Zip code	PHONE:	( ) -

Restriction of Disclosures to Health Plans / Payment sources

☐ I do not want my health information concerning the health care items and services described below to be disclosed to any of the following health plans or payment sources.*See NOTE

Name of Health Plan / Payment Source	Subscriber plan / Plan #
Name of Health Plan / Payment Source	Subscriber plan / Plan #

☐ I do not want my health information as described below to be disclosed to any of the following health organizations, providers or persons. *I understand the Department will consider my request but is not required to agree to my request for restricting use or disclosure to these persons/providers/other entities.*

Name of person / provider	Name of person / provider

☐ The health care items and services which I do not want disclosed include the following:

/ / Date of Service	Health care item or service I paid for
/ / Date of Service	Health care item or service I paid for
/ / Date of Service	Health care item or service I paid for

Signature	Date
Print name	Telephone #

If not signed by the patient, please indicate relationship:

Name of Patient:

☐ Parent or guardian of minor patient
☐ Guardian or conservator of an incompetent patient
☐ Beneficiary or personal representative of deceased patient
☐ Other (specify)

CITY OF LINCOLN NEBRASKA

NOTE: By law, this restriction will not apply with respect to information necessary to provide treatment, for uses or disclosures required by law, or for certain public health activities, judicial and administrative proceedings, law enforcement purposes, coroner investigations, organ or tissue donations, research activities, specialized government functions or workers' compensation activities.

This restriction is also subject to the following requirements and limitations:

1. You must have fully paid for the services.
2. It only relates to services provided by this organization. It does not cover referred services such as lab or prescriptions.