

**PREMIER DENTISTRY
REQUEST FOR RESTRICTION OF THE USE OR DISCLOSURE OF PHI**

Patient's Name: _____ Date of Birth: _____

Patient's Address: _____

Patient's Phone #: _____

It is hereby requested that the employees of Premier Dentistry honor the following restrictions regarding the use and/or disclosure of the protected health information of the individual indicated above.

Please check the type(s) of disclosure to be restricted:

Use and/or disclosure relating to treatment, payment and/or healthcare operations of individual listed above

Use and/or disclosure relating to prescriptions, medical supplies, X-rays or other similar forms of protected health information.

The following persons are exceptions to the restrictions checked above:

Date PHI Access Granted	Name of Individual	Individual/Guardian's Initials	Date Access Revoked	Initials for Revocation	Specific Instructions

- Information will *not* be given over the phone
- Photo ID will be required.

Signature of Individual/Patient Date _____

Printed Name Individual/Patient *Relationship to Individual (if not patient/employee)*

Address (if other than patient's address)

Limitations to Restrictions on Disclosure of Protected Health Information for Treatment, Payment or Health Care Operations

For treatment. The Health Care Providers may use and disclose your health information to provide or assist with your treatment. For example, we may provide your health information to a laboratory in order to obtain a test result important for diagnosing or treating a condition you may have.

To obtain payment for health care services. We may use and disclose your health information in order to bill and collect payment for the treatment and services provided to you. For example, we may provide limited portions of your health information to your health plan to get paid for the health care services we provide to you. We may also provide your health information to our business associates who assist us with billing, such as billing companies, claims processing companies, and others that process our health care claims. We will only disclose the minimum amount of information needed to obtain payment.

For health care operations. Your health information may also be used or disclosed to improve and conduct health care operations. For example, we may use your health information in order to evaluate the quality of health care services that you received, or to evaluate the performance of the health care professionals who provided health care services to you. We may also provide your health information to our auditors, attorneys, consultants, and others in order to make sure we are complying with the laws that affect us. We may also use a sign-in sheet at registration or other appropriate areas, and we may call you by name in waiting and service areas.