



## EMS

Issued: 04/28/2020  
Revised: 11/01/2024  
Reviewed: 10/10/2024

**SOG 400.0.00**

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### Privacy Policies and Procedures

#### REQUEST FOR RESTRICTIONS ON USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION FORM #1

##### INDIVIDUAL DATA:

Requester's Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

##### NATURE OF REQUESTED RESTRICTION:

I request the Terrell Fire Department or its Business Associate to restrict the use and/or disclosure of the following protected health information:

☐ Restrict uses and/or disclosures of protected health information for purposes of payment or health care operations in the following manner: \_\_\_\_\_

☐ Restrict disclosures to a family member, relative, or close personal friend who is involved with my health care. Please specify individual(s) to whom this restriction applies: \_\_\_\_\_

##### CONDITIONS GOVERNING THE REQUEST FOR RESTRICTIONS:

- A. Under the Standards for the Privacy of Individually Identifiable Health Information (often called the "Privacy Rule"), the Terrell Fire Department and its Business Associates are not required to agree to this Request for Restriction, or they may agree to only a part of the Request for Restriction, while denying agreement to the remaining request.
- B. If the Terrell Fire Department or Business Associate agree to the requested restriction (whether all or in part), then the restriction is in effect until one of the following events occurs:
  - a. Individual agrees to, or requests in writing that the restriction be terminated; and
  - b. Terrell Department or Business Associate notifies individual that it is terminating the agreement to restrict the uses and/or disclosures of protected health information.
- C. If individual agrees to the termination of a restriction then the individual's protected health information will no longer be subject to the restriction. If the Terrell Fire Department or Business Associate terminates the agreement to restrict, then the termination is effective only with respect to information created or received after the date of notice of the termination of the restriction.



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- D. Individual understands that if Terrell Fire Department/Business Associate has agreed to a request for restriction, restricted protected health information still may be disclosed to provide emergency treatment, but that the Terrell Fire Department/Business Associate will not further use or disclose restricted health information for any other purpose.
- E. Individual understands that he/she still has a right to access protected health information as allowed under the Privacy Rule and any other applicable law.
- F. Individual understands that he/she may receive an accounting of certain disclosures of protected health information as explained in the Terrell Fire Department's Notice of Privacy Practices.
- G. Individual understands that restricted protected health information may still be disclosed for public policy purposes as stated in the Notice of Privacy Practices.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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TERRELL FIRE DEPARTMENT/BUSINESS ASSOCIATE TO COMPLETE THE FOLLOWING:

The Request for Restriction is:      ☐ Accepted\*      ☐ Denied

\*If Request is accepted in part, describe the restriction to be implemented: \_\_\_\_\_

Signature of Terrell Fire Department/Business Associate Representative: \_\_\_\_\_

Date: \_\_\_\_\_