

Lyme Center of New England

Susan L. Neuber, NP

Restriction of Use or Disclosure of Protected Health Information (PHI) Policy

Effective date of policy: June 1, 2010

A patient has the right to REQUEST that the use and disclosure of his protected health information (PHI) be restricted for treatment, payment, and health care operations (TPO), as well as restricting disclosure to certain people, such as family members.

The restriction request must be in writing, be specific as to what information is covered by the request, whether it covers use, disclosure, or both, and to whom these limitations apply.

If this practice agrees to the request, it will honor the request except when overriding laws or when emergencies apply.

The agreement to restrict health information use and/or disclosure of treatment, payment, or health care operations may be terminated at any time, in writing, by the patient, or by the practice for health information created or received after the date of the notice.

I _____ give permission to Lyme Center of New England to speak to and/or share my medical information with the following people.

Signature _____ Date _____

Shannon Feiszli 2/10/03 10:02 AM
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