

EAST CAROLINA UNIVERSITY
Health Care Components
REQUEST FOR RESTRICTIONS ON
THE USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

NOTICE TO PATIENT: Your request for restriction to your protected health information (PHI) is **only** applicable to your PHI in a designated record set maintained by

(Print Name of ECU Health Care Component)

If you would like a restriction to your PHI in a designated record set maintained by any other Health Care Component of East Carolina University, a separate request should be submitted for that area.

I understand that:

1. There are legal restrictions on the manner in which the East Carolina University's (ECU) Health Care Components may use or disclose protected health information (PHI) about me.
2. I have the right to request additional restrictions on the uses or disclosures of my health information in certain situations, in addition to the restrictions already imposed by law.
3. Restrictions agreed to by ECU are not effective to prevent uses or disclosures for the following items:
 - a) Required by the Secretary of Health and Human Services to investigate or determine ECU's compliance with HIPAA;
 - b) Required by law;
 - c) For public health activities;
 - d) About victims of abuse, neglect or domestic violence;
 - e) For health oversight activities;
 - f) For judicial and administrative proceedings;
 - g) For law enforcement purposes;
 - h) About decedents requested by coroners and medical examiners as well as funeral directors;
 - i) For cadaveric organ, eye or tissue donation purposes;
 - j) For research purposes, subject to the conditions set forth in HIPAA Privacy Regulations;
 - k) To avert a serious threat to health or safety;
 - l) For specialized government functions, such as military activities and national security/intelligence activities; or
 - m) For worker's compensation.
4. ECU is required to grant my request for restriction on disclosure of PHI when such disclosure is (i) to a health plan or business associate of a health plan for purposes of carrying out payment or health care operations; and (ii) such PHI pertains solely to a health care item or service I received for which the ECU Health Care Component on the relevant date of service has been paid out of pocket in full. Note for Medicare Patients: Section 1848 of the Social Security Act requires a physician or supplier to submit claims to Medicare unless the patient refuses of his/her own free will to authorize the submission of the bill to Medicare.
5. If ECU grants my request for restrictions, the restricted information will not be used or disclosed except as provided in item 3 above, and to provide treatment to me in an emergency.
6. Any agreement to a restriction (except a restriction approved under Item 4 above) at any time by either me or an ECU Health Care Component can be terminated by notifying the other party. If ECU terminates its agreement to a restriction, it will notify me, and will continue to comply, if possible, with the restriction for any information that was created prior to the date of termination.
7. I request the following restrictions with respect to my PHI:

Date

Please Print Name of Patient

Patient Date of Birth

Signature of Patient, Parent, Guardian or Personal Representative (Parent or
Legal Guardian must sign for anyone under 18yrs of age)

Relationship to Patient

Please Print Name of Parent, Guardian or Personal Representative

Mail Request for Restrictions to:

**ECU HIPAA Privacy Officer
Physicians Quadrangle N
600 Moyer Blvd
Greenville, NC 27834
Phone 252-744-5200**

For internal use only:

Determination (accepted/declined):

Patient Notified:

MRN: _____

Comments: _____

Date

Privacy Officer