

Southern Indiana Rehab Hospital

A partnership of Frasier Peabody Institute, Floyd Memorial Hospital and Health Services,
and Clark Memorial Hospital

Request for Restrictions on Uses and Disclosures of Protected Health Information For Treatment, Payment and Health Care Operations

You have the right to request restrictions on certain uses or disclosures of your Protected Health Information for the purposes of treatment, payment or health care operations. You also may request limits on the health information we disclose about you to family members, friends or other individuals identified by you who may be involved in your care or for notification purposes as described in our Notice of Privacy Practices. Your request must be in writing and state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to your request. If we do agree, we will comply with the requested restrictions unless it is needed to provide emergency treatment.

Name: _____

Date: _____

Street Address: _____

City, State, Zip Code: _____

I hereby request:

Restrictions on uses/disclosures of my Protected Health Information for the purposes of Treatment, Payment or Health Care Operations. Specify requested restrictions and to whom the restrictions apply:

Limits on the health information SIRH discloses about me to family members, friends or other individuals I have identified who are involved in my care or for notification purposes. Specify requested restrictions and to whom the restrictions apply:

Signature of Patient

or Legal Representative: _____

Date: _____

If patient is unable to sign, secure authorization of Legal representative and indicate reason below:

Minor Unable to Sign Other

SIRH agrees to requested restrictions

SIRH does not agree to requested restrictions

SIRH Representative Signature: _____

Date: _____

Title: _____

Please return completed form to:

**Admissions
Southern Indiana Rehab Hospital
3104 Blackiston Boulevard
New Albany IN 47150**