



RESTRICTING USES/DISCLOSURES REQUEST FORM

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| Client name: | Date: | Date of Birth: |
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Programs where you currently receive services Health Mental Health Alcohol & Drug Other (Specify)

I understand that Napa County Health & Human Services Agency (Agency) may use or disclose my health information for the purposes of treatment, payment and health care operations. I understand that the Agency does not have to agree to my request.

I hereby request a restriction on the Agency's use or disclosure of health information.

The health information I want restricted is: _____

I want to restrict:

- The Agency's use of this information.
- The Agency's disclosure of this information.
- The Agency's use and disclosure of this information.

I want the restriction to apply to the following person/entity: _____

I understand that the Agency does not have to agree to my request. Even if the Agency agrees to the restriction, it may share the information anyway in the following circumstances:

- During a medical emergency if the restricted information is needed to provide emergency treatment. However, if the information is disclosed during an emergency, the Agency will tell the recipient not to use or disclose it for any purpose, other than treatment.
- A response to Request for Restriction on Use or Disclosure
- For reporting abuse, neglect, domestic violence or other crimes.
- For health agency oversight activities or law enforcement investigations.
- For judicial or administrative proceedings.
- For identifying decedents to coroners and medical examiners or determining a cause of death.
- For organ procurement.
- For certain research activities.
- For workers' compensation programs.
- For uses or disclosures otherwise required by law.

If a special restriction is agreed to, it may be terminated if:

- I request, or agree to, the termination in writing.
- I orally agree to the termination and the oral agreement is documented.
- The Agency informs me that it is terminating the agreement. In this case, the termination is only effective for PHI created by the Agency or received by the Agency after I am notified of the termination.



For more information about your privacy rights, see the "Notice of Privacy Practices." Copies can be obtained by contacting the Napa County Health & Human Services Medical Records Department, 2751 Napa Valley Corporate Drive, Napa, CA 94558.

If you believe your privacy rights have been violated you may file a complaint with the Napa County Privacy Officer or the Secretary of the Department of Health & Human Services. To file a complaint with the County Privacy Officer please call (707) 259-8349 or address a written complaint to P.O. Box 6794, Napa, CA 94581. **You will not be penalized for filing a complaint.**

Signature of client or representative

If representative, you must provide your legal relationship