



Radiology Ltd. P.L.C., & RLC, LLC

REQUEST TO RESTRICT USE & DISCLOSURE OF HEALTH INFORMATION (to include opting out of marketing, fundraising and SSN use)

SECTION A: Patient/Patient Representative to complete

Date: _____

Name: _____

Birth Date: _____

Address: _____

Telephone: _____

Med. Rec. #: _____

REQUEST

I hereby request Radiology Ltd./RLC, LLC to further restrict the use and/or disclosure of my Protected Health Information (PHI). Radiology Ltd./RLC, LLC has the right to use and disclose PHI for the purpose of treatment, payment, or health care operations (TPO) and to a family member, relative, or close personal friend who is involved with my health care.

Specify request: _____

Signature

Date

ACKNOWLEDGEMENT OF RESTRICTION CONDITIONS:

- Radiology Ltd./RLC, LLC is not obligated to agree to any request for restriction.
- Radiology Ltd./RLC, LLC may agree to all or part of the restriction request.
- The restriction will be in effect until one of the following occurs:
 1. I request in writing that the restriction be terminated or changed.
 2. Radiology Ltd./RLC, LLC terminates the restriction agreement. The termination is then effective for information created or maintained after the date of the restriction.
- Restricted health information may be disclosed to provide emergency treatment.
- I retain the right to access my PHI as provided under applicable law.
- I received information about disclosures of PHI for TPO and other possible reasons, including public policy purposes in the Radiology Ltd./RLC, LLC Notice of Privacy Practices..
- I understand that I have a right to appeal a denial of my restriction request by writing to Crystal C. Atwell, HIPAA Privacy/Security Officer, Radiology Ltd., 677 N Wilmot Rd., Tucson, AZ. 85711 or via email crystal.atwell@radltd.com

Signature: _____ **DATE** _____

- Request by writing to Crystal C. Atwell, HIPAA Privacy/Security Officer, Radiology Ltd., 677 N. Wilmot Rd., Tucson, AZ. 85711, via email crystal.atwell@radltd.com, or bring with you.

Section B Radiology Ltd./RLC, LLC to complete

Request for restriction is: _____ Accepted _____ Denied _____ Partially Denied

Comments : _____

Signature: _____ Date _____

Printed Name and Title _____