



**TITLE OF FORM:** HIPAA PATIENT REQUEST FOR RESTRICTION TO HEALTHCARE INSURANCE FORM

Version#: 2

**Section A: REQUEST AND ACKNOWLEDGEMENT**

I have paid Radiology Ltd./RLC, LLC in full for the services relating to my Protected Health Information (PHI) indicated below and I am requesting Radiology Ltd./RLC, LLC not disclose my PHI below related to these services to my insurance company. I hereby request that Radiology Ltd./RLC, LLC restrict its disclosure to my health insurance company to only the following PHI indicated below for the purpose of carrying out Radiology Ltd./RLC's payment or health care operations:

**Date of Visit:** \_\_\_\_\_

**PHI for Above Visit (check all applicable):**

|                                    |                                   |
|------------------------------------|-----------------------------------|
| _____ Orders                       | _____ Consultation Records        |
| _____ Progress Notes               | _____ Hospital Records            |
| _____ Radiology Reports            | _____ Images                      |
| _____ Correspondence               | _____ Films                       |
| _____ Other (please specify below) | _____ Radiology Services Provided |

(Other) \_\_\_\_\_

**Acknowledgement:**

I acknowledge that this requested restriction does not prohibit Radiology Ltd./RLC, LLC from disclosing my PHI that it is required by law to disclose. I acknowledge that Radiology Ltd./RLC, LLC may disclose any of the above PHI if such disclosure is minimally necessary for Radiology Ltd./RLC, LLC to obtain authorization and/or payment for any future services I may obtain from Radiology Ltd./RLC, LLC which are billed to my health insurance company.

I understand that this restriction may be terminated by:

My submitting a written request to terminate to: Crystal C. Atwell, HIPAA Privacy/Security Officer, Radiology Ltd., 677 N. Wilmot Rd., Tucson, AZ. 85711, or via email to [crystal.atwell@radltd.com](mailto:crystal.atwell@radltd.com), or delivering in person to Radiology Ltd.'s offices located at 677 N. Wilmot Rd., Tucson, AZ. 85711;

My orally requesting the restriction be terminated and such request is documented by Radiology Ltd./RLC, LLC; or Radiology Ltd./RLC, LLC upon written notice to me.

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Section B Radiology Ltd./RLC, LLC to complete**

Restriction Accepted On: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_