

REQUEST FOR SPECIALTY PRIVACY PROTECTIONS FORM

Nephrology Associates of Syracuse, PC

1304 Buckley Road, Syracuse, NY 13212

Phone: (315) 478-3311 Fax: (315) 476-5211

Anne E. Zaccheo, Corporate Compliance Officer

As required by the Health Information Portability and Accountability Act of 1996, you have a right to request that we restrict our uses and disclosures of your protected health information with respect to treatment, payment and healthcare operations, as well as with respect to disclosures to members of your family and other relatives or close personal friends or other persons you identify who are involved in your care, or to notify or assist in notifying those individuals of your location, general condition or death. You also have a right to restrict the disclosure of PHI to a health plan upon request, if the PHI pertains solely to a service for which you have paid in full on an out of pocket basis. Our Practice does not have to agree to your request, but if we do, we will abide by our agreement until either of us terminates the agreement.

I hereby request special privacy protection for:

(print patient's name and address)

This is a complete list of all restrictions requested. All previous restriction requests are obsolete.

I do NOT want my health information disclosed to any of the following (attach additional pages if needed):

Name:

Address:

I do WANT my health information used or disclosed to the following:

Name:

Address:

Signed:

Print Name: _____

Date:

If not signed by the patient, please indicate relationship:

- Guardian or conservator of an incompetent patient
- Other (specify) _____

NOTE: By law, this restriction will not apply with respect to information necessary to provide emergency treatment, for uses or disclosures required by law, or for certain public health activities, judicial and administrative proceedings, law enforcement purposes, coroner investigations, organ or tissue donations, research activities, specialized government functions or worker's compensation activities.

Approved by: _____ Date: _____

Denied by: _____ Date: _____

Reason:

Revised 12/31/13; 6/14/16