



# Request for Restriction of Protected Health Information

**Patients have the right to request that the use and/or disclosure of their protected health information be restricted. These are cases in which the use and disclosure is for treatment, payment, or healthcare operations; or when disclosure is made to others involved in the patient's care, such as a relative or friend.**

**All requests to Texas Children's for restriction must be in writing and include the information documented on this form. Please attach copies of any other relevant documents that may support the restriction. If the patient is a minor child, the legally authorized representative (e.g., parent) must make the request.**

**Texas Children's is not required to agree to all requests. Texas Children's will review each request but reserves the right to refuse the request as established by federal law. No restriction is effective until you receive written confirmation from Texas Children's.**

**Patient Information** Name: \_\_\_\_\_ Date of birth (MM/DD/YYYY): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Description of information to be restricted: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe how you would like the use and/or disclosure of your health information restricted: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Effective dates of restriction: Beginning date: \_\_\_\_\_ End date: \_\_\_\_\_

**I wish to restrict the use and/or disclosure of my (or my child's) protected health information by Texas Children's as described above. I understand if my request is accepted, Texas Children's may make the restriction only to the extent allowable by the Health Insurance Portability and Accountability Act (45 CFR Parts 160 and 164).**

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

Printed name: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

Mail or fax completed forms to:  
**Compliance Services and Privacy Office**  
Texas Children's  
2450 Holcombe Blvd, Suite 31G  
Houston, TX 77021  
Phone: (832)824-2085 Fax: (832)825-2167