



Z26190 Request for Restrictions on Use and Disclosure of Health Information

Your Rights

You have the right to request a restriction on how we use, and with whom we share, your health information for treatment, payment, and administrative activities.

- **Navicent Health is not required to agree to a restriction.** (With certain exceptions)
- **No restriction is effective until you receive written confirmation from Navicent Health.**
- If we agree to a restriction, the restriction will be effective for the current specific patient visit or encounter specified and for future treatment, payment, or administrative activities.
- **In the event of an emergency situation, restriction agreements will not apply.**
- You may ask us at any time to end this restriction by telling us verbally or putting it in writing.
- We may end our agreement to the restriction by informing you in writing. This will only affect health information created or received after we have so informed you.

To request a restriction, complete this form in its entirety and submit it to: Navicent Health HIM, 777 Hemlock, MSC 148, Macon, GA, 31201.

Restriction on Use and Disclosure of Health Information

Name: _____ Date of Birth: _____

Street Address: _____

City, State, Zip Code: _____

Please specify the facility or practice from which you are requesting a restriction:

Please describe the information to which this request applies (e.g., pregnancy test results):

Do not release my health information to the following person(s):

Signature of Patient or Representative: _____ **Date:** _____ **Time:** _____

If signing as authorized representative, describe your authority to act for the patient, and submit documentation showing such authority, as appropriate: _____

For Navicent Health Use Only

_____ Request for restriction has been **denied**. (Note: The Facility may not deny a request for restriction from the Facility Directory.)

Please note reason for denial:

_____ Request for restriction has been **accepted**. In the case of an emergency or if necessary, to comply with the law, the restriction agreement will not apply.

Signature(s): _____ Date: _____

Print Name & Title: _____

Comments: _____



Entity-Department Name: System-HIM	Revision Date: 11/6/19
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