

Southwestern District Health Unit

227 16th Street West
Dickinson, ND 58601-4675
Phone (701)483-0171 or 1-800-697-3145 Fax (701) 483-4097

REQUEST FOR RESTRICTION OF PROTECTED HEALTH INFORMATION

1. Client name: _____
2. Client birth date: _____
3. Client address: _____
4. Describe the restriction from the Notice of Privacy you want: _____

5. What is your reason for making this request? _____

Signature of Client or Legal Representative

Date

FOR HEALTHCARE ORGANIZATION USE ONLY

Restriction has been: ___ Agreed to ___ Not agreed to

Staff comments:

Signature of staff person

Date

Print Name and Title of staff person: _____

Department Head Signature: _____ Date: _____

Executive Officer Signature: _____ Date: _____

Date client notified: _____ How notified: _____

Comments: _____

Termination of Request for Restriction of Protected Health Information

Client initiating termination

Staff initiating termination

Date: _____

Reason for termination: _____

Client Signature: _____

Nurse Signature: _____