

FERRUM COLLEGE
Form To Request Additional Restrictions On
Use And Disclosure Of Protected Health Information

*This Form is used by individuals to request additional restrictions on their protected health information ("PHI") in the possession of the health care plans sponsored or maintained by Ferrum College and any of its affiliates, or the business associates of such plans. This Form is also used to request that certain disclosures of PHI by the plans or their business associates be made via reasonable, alternative means. **Submit this Form to the Human Resources Department.***

REQUESTER:

(Print name, address, telephone number and date)

**REQUEST FOR
ADDITIONAL
RESTRICTION ON
USE OR DISCLOSURE OF PHI:**

**REQUEST TO
RECEIVE CERTAIN
DISCLOSURES OF
PHI BY ALTERNATIVE MEANS:**

**ACTION ON
REQUEST:**

For office use only:

Receipt:

Date: _____ Recipient name: _____ Date delivered to Privacy Official/
Deputy: _____

Approval/disapproval:

If request is **disapproved**: Notify the requester by returning a copy of this Form. Form returned on (*insert date*): _____

Implementation:

If request is **approved**, implement the agreed upon restriction or confidential communication method.

Termination of Restriction:

Restrictions may be terminated in writing or orally by requester, or by the Plan (after providing notice of the termination). If the restriction is terminated, complete the following:

Restriction is terminated by: Requester via written notice (*attach notice*) Requester orally Plan
Privacy Official/Deputy Privacy Official certification: *Initial here:* _____ *Date:* _____

Documentation:

Keep a copy of this Form