

Cornell Health

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Patient/Client Request to Request Restrictions on Certain Uses and Disclosures of Protected Health Information

The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") allows Cornell Health to use and disclose your protected health information ("PHI") for the purpose of treatment, payment, and health care operations however, you have the right to request restrictions on the PHI that is used or disclosed. Cornell Health is not required to agree to your restriction. If we agree to your restriction, we will not use or disclose your health information in violation of the restriction, unless such use or disclosure is necessary for emergency treatment, is required or permitted by law, or the restriction has been properly terminated.

To request a restriction, please complete the form below and send to:
Privacy Officer, Cornell Health, 110 Ho Plaza, Ithaca, NY 14853-3101

| Name | | Date of hirth (mm | /dd/yyyy) |
|--------------------------------------|---|--|--------------------------|
| | | | |
| Email add | ress | Phone number | |
| Mailing a | ddress | | |
| Description | on of the specific personal health information t | o be restricted: | |
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| Persons/e | organizations restricted from receiving my pers | onal health information: | |
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| I am requ I understa Signature | esting that Cornell Health provide the above defand that Cornell Health is not required to agree patient/client or person authorized to sign | escribed restriction of prote to this restriction. Date | Time |

^{*} This request must be maintained in the patient's health record.