



Division of Services for People with Disabilities

Request for Restriction of Use and Disclosure

Version: February 2024

Mail, fax, or email to:
DSPD Records Compliance Officer
288 North 1460 West
Salt Lake City, Utah 84116
dspddocuments@utah.gov
Fax: 801-538-4279

Per the Health Insurance Portability and Accountability Act (HIPAA), you have the right to make requests on your Personal Health Information. You may request that we **NOT** share certain health information for treatment, payment, or our operations. We are **NOT** required to agree with your request if it would affect your care. To restrict the use and disclosure of your information please complete this form, have it notarized and submit it to the DSPD's records compliance officer.

Privacy Notice: See the end of this form to learn why DHHS collects this information

Today's Date: / /	First Name:	Last Name:
Street Address:		
City:	State:	Zip Code:
Home Phone: () -	Work Phone: () -	
Fax (if available): () -	Email Address (if available):	

Are you completing this request form on behalf of someone else? (check one)

Yes No

If Yes, what is the person's name and your relationship to that person?

First Name: Last Name: Your Relationship:

Please be specific and describe in detail what information you would like for DSPD to restrict and to whom:

If appropriate, attach a copy of all supporting documentation to this request form.

Signature: _____ Date: ____/____/____

Insert Notary here:

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For Internal Use Only:

Date Request Received: / /	Date Restrictions were implemented: / /
Has the request been approved: Yes <input type="checkbox"/> No <input type="checkbox"/>	
If <u>Yes</u> , describe how the request will be met:	
If <u>No</u> , describe why the request has been declined:	
Additional comments by HIPAA Compliance Officer (<i>if applicable</i>):	
Date Request Approval/Denial Submitted: / /	

HIPAA Compliance Officer Date

PRIVACY NOTICE: The information you provide will be used to review and process requests for restrictions of use and disclosure. It will only be used by DHHS and, if needed, by a person or party contracted with DHHS. Without this data we cannot review and process requests for restrictions of use and disclosure. This data is part of record series: 15376.