

Restriction Request Form

Introduction

Hulsey Therapy Services PC "HTS" is committed to providing quality healthcare services to you. An important part of that is facilitating various privacy rights that you have under Federal Law.

This document provides instructions for how to request a restriction pertaining to the uses and disclosures of your protected health information ("PHI") that we may make for treatment, payment and operational reasons, as well as for other reasons provided for under applicable law.

A written statement regarding the disposition of the restriction request will be provided to you after our Compliance Officer has had an opportunity to review your request.

Definitions

1. **Healthcare Operations.** "Healthcare Operations" means business activities that we engage in so as to provide healthcare services to you, including but not limited to, quality assessment and improvement activities, personnel training and evaluation, business planning and development, and other administrative and managerial functions.
2. **Payment.** "Payment" means activities that we undertake as a healthcare provider to obtain reimbursement for the provision of healthcare to you which includes, but are not limited to: determinations of eligibility or coverage (including coordination of benefits or the determination of cost sharing amounts), and processing health benefit claims.
3. **Protected Health Information.** "Protected Health Information" or "PHI" means information which identifies you (e.g. name, address, social security number, etc.) and relates to your past, present, or future physical or mental health or condition; the provision of healthcare to you; or the past, present, or future payment for the provision of healthcare to you.
4. **Treatment.** "Treatment" means the provision, coordination, or management of healthcare and related services on your behalf, including the coordination or management of healthcare with a third party; consultation between HTS and other healthcare providers relating to your care; or the referral by HTS of your care to another healthcare provider.

Restriction Response

It is our policy to process restriction requests within thirty days (30) of receipt. We will use the contact info that we have on file to: 1) follow-up with you for additional information if necessary; and/or 2) send you our written response to your request.

Please send your restriction request to us as follows:

Hulsey Therapy Services, PC

Attn: Privacy Officer
2544 Mangum St
Commerce, TX 75428
Hulsey@HulseyTherapy.com
(903) 886-7669 phone
(903) 886-7679 fax

Background Information

Please provide the following identification information so that we may appropriately review your restriction request.

Patient's Name : _____ Patient's DOB : _____

Requestor Name : _____ Patient's SSN : _____

Relationship to Patient if not the same : _____

Date of this request : _____

Restriction Request

Describe the PHI that you would like restricted including any individual(s), provider(s), insurance company(s) and/or other organization(s) that you would like to prevent from reviewing the designated PHI.

Detailed Description of PHI Restricted

Persons or Organizations Restricted

By signing below, I acknowledge the placement of the listed restrictions concerning my PHI. All other duties and obligations shall remain in full force and in effect regarding protection of my PHI not otherwise restricted.

Requestor Signature

Date