

Thomas O. Forslund, Director

Governor Matthew H. Mead

Use and Disclosures Restriction

As required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), clients have a right to request restrictions on how a covered entity uses and discloses their protected health information. All requests will be considered. Wyoming Department of Health (WDH) is generally not required to agree to a requested restriction. However, WDH must agree to restrict disclosures to a health plan (e.g., a health insurance company) when a client or someone other than the health plan has paid WDH for services provided to the client, unless the disclosure is required by law. If the client is in need of emergency treatment WDH will disclose the minimum amount of information necessary to provide adequate treatment. In this event, WDH will notify the client. If an information restriction is modified, information in the record created or received while the restriction was in place will remain subject to the original restriction.

I hereby request an information restriction for:

Name:	ID Number:
Address:	Date of Birth:
Record Holder:	Date of Request:

Type of Restriction Requested *(be specific)*

(Signature)

(Date)

(Print Name)

(Telephone)

If not signed by the patient, please indicate the relationship:

- Parent or guardian of minor client
- Guardian or conservator of an incompetent patient
- Beneficiary or personal representative of deceased patient
- Other (specify) _____

For Office Use Only:

Approved Denied

Delayed, we will act on this request by _____

Comments: _____

WDH Representative Signature: _____

Documentation of Relationship:

Reviewed Attached