



Treatment Foster Care
and Family-Based Services

2324 University Avenue West #120
St. Paul, MN 55114-1843
651-646-3221
Fax 651-641-0452

REQUEST RESTRICTIONS ON PHI USE AND DISCLOSURE

Request:

I understand that PATH, Inc. may use and disclose protected health information about me for purposes of treatment, payment and operations. I request that PATH, Inc. restrict the use and disclosure of protected health information about me as described below. I understand that PATH, Inc. is not required to agree to this restriction. I understand that if PATH, Inc. agrees to this restriction, either PATH, Inc. or I may terminate this restriction at any time. The termination of the restriction is only effective for future uses and disclosures.

Information:

Consumer Name: _____

Date of Birth: _____

Street Address: _____

City / State / Zip: _____

Telephone Number: (_____) _____ E-mail Address: _____

Questionnaire:

Please complete all of the following questions. If the question is not applicable, mark N/A on the answer line.

I request the following information be restricted (description of information):

I request that the use and disclosure of the above described information be restricted in the following manner (description of restriction):

I request that my protected health information not be disclosed to the following individuals or entities (list individuals or entities to which information should not be disclosed):

Signature:

I understand that if a restriction is not specifically listed above and agreed to in writing by PATH, Inc., it will not be effective.

Signature: _____ Date: _____

If signed by the consumer's representative, explain authority to act on behalf of the consumer:

Please mail this completed form to the address listed below:

PATH Inc. Privacy Office, 2324 University Avenue West, Suite 120, St. Paul, MN 55114-1843