Cornell University

Cornell Health

110 Ho Plaza
Ithaca, New York 14853-3101
t. 607.255.5155
f. 607.255.0269
www.health.cornell.edu

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

---

1. **Patient/client information** (*print clearly*):

   Name _____ Date of birth (*mm/dd/yyyy*) _____

   Email address _____ Phone number _____

   Mailing address _____

2. **Description of the specific personal health information to be restricted**:

   _____

   _____

   _____

3. **Persons/organizations restricted from receiving my personal health information**:

   _____

   _____

4. **I am requesting that Cornell Health provide the above described restriction of protected health information. I understand that Cornell Health is not required to agree to this restriction.**

   Signature _____ **Date** _____ **Time** _____
   patient/client or person authorized to sign *mm/dd/yyyy* *a.m. / p.m.*

   * If the consenting party is other than the patient/client, print name and relationship to patient/client:

   _____

CORNELL HEALTH USE ONLY Received: _____/_____/_____ Completed: _____/_____/_____ Initials: _____

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