

Request to Restrict Use or Disclosure of Personal Health Information (PHI)

If you are asking to limit use and disclosure of your personal health information, please consider the following:

- KCMH will consider your request. KCMH does not have to agree to your request unless you are making a reasonable request to receive communications of protected health information by alternative means or at alternate locations.
- KCMH may need your authorization to use and disclose information for some services. Without your authorization, KCMH may not be able to see if you qualify for services.

INSTRUCTIONS: To request a restriction of the use and disclosures of your personal health information, complete the top portion of this form. Mail the completed form to: CONFIDENTIAL, Privacy Officer, c/o KCMH, P.O. Box 1000, Bakersfield, CA 93302. The Privacy Officer may contact you to request additional information.

Today's Date:	
Name:	Medical Record # (if known):
Social Security #:	Date of Birth:
Last Treatment Team (if known):	Last Case Manager (if known):

I am asking to limit the following information from being used and disclosed: (be specific) (Attach additional sheets if necessary)

I am asking that I receive communications of my protected health information by alternate means or at alternate locations: (be complete)

How do you want to receive communications?	Mail (please complete mailing address below)	
Mailing address where information may be sent:		Alternative Phone number to receive communications:
Street Address or P.O. Box		() -
City	State	Zip

Instructions for communication at alternate locations or by alternate means:

Your right to request restriction of use and disclosure of your information:

- You have a right to request restrictions on the uses and disclosures of your information.
- KCMH must respond to your request within 60 days, but may extend its response for 30 days if they inform you of the reasons for the delay.
- Your request and the answer will be kept in your record.
- KCMH may end its agreement to your restriction if you ask to end the restriction. Your request and KCMH action will be in writing and placed in your record.
- Information in our record that was created or received while the restriction was in place will remain subject to the restriction.
- KCMH is generally not required to agree to a request for restrictions on uses or disclosures for treatment, payment or health operations unless you are restricting protected health information to a health plan for purposes of health care operations AND you have paid for the health care service "out of pocket in full". However, KCMH must accommodate reasonable requests to receive communications of protected health information by alternative means or at alternative locations.

You have a right to file a privacy complaint:

- Individuals can file privacy complaints with either KCMH or with the U.S. Department of Health and Human Services, Office for Civil Rights.
- Privacy complaints may be directed to any of the following:

Verbally or written to:

CONFIDENTIAL Privacy Officer Kern County Mental Health P.O. Box 1000 Bakersfield, CA 93302 Phone: 888-875-5559

In writing within 180 days of the violation to:

U.S. Department of Health and Human Services, Office for Civil Rights

Medical Privacy, Complaint Division 200 Independence Avenue, SW HHH Building, Room 509H Washington, D.C. 20201