

# Patient Rights Under HIPAA

## Restrictions

*This information is to help you understand your rights under federal privacy regulations, the Health Insurance Portability and Accountability Act, or HIPAA. This page focuses on your right to request to restrict disclosures of certain information.*

### **You have the right to request restrictions on certain disclosures:**

- ✓ You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations.
- ✓ You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment of your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a particular surgery that you have had or visits to a particular doctor or clinic.
- ✓ We are not required to agree to your request.
- ✓ If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

### **To request a restriction:**

- ✓ To request restrictions, you must make your request in writing. In your request you must tell us:
  - What information you want to limit;
  - Whether you want to limit our use or disclosure of the information (or both); and
  - To whom you want the limits to apply (for example, disclosures to your spouse).

*To request restrictions, please ask the staff for a form, or you may download a form from our website at:*

[www.uthscsa.edu/hipaa/forms/restrictionrequestform.pdf](http://www.uthscsa.edu/hipaa/forms/restrictionrequestform.pdf)