

**ND Flex Plan
Request for Use and Disclosure Restrictions**

You have the right to request a restriction or limitation on the use, or disclosure of your protected health information for purposes of treatment, payment or health care operations. You also have the right to request that we restrict the disclosure of your protected health information from those involved in your health care or the payment for your health care, such as with a family member. For example, you may request that we not use or disclose your protected health information relating to a procedure you may have had.

We are not required to agree with your request for restrictions. However, if we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

To request restrictions, you make your request in writing by filling out this form and submitting it to Shared Services in the Office of Human Resources, Grace Hall. In your request, you must tell us: (1) what information you want us to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply (*e.g.* disclosures to your spouse or children).

I request the following specific restrictions to the use or disclosure or both of my protected health information:

Print Name

NDID

Birth Date

Signature

Date

For further information please contact Shared Services in the Office of Human Resources, Grace Hall, or consult our Notice of Privacy Practices available at: <http://hr.nd.edu/benefits/privacypractices.shtml>

For ND Flex Plan Use Only:

Date received: _____ Accepted Denied

Date and method of informing individual of decision: _____

Comments: _____

ND Flex Plan Signature

Date