Jewish Hospital & St. Mary's HealthCare

- ❑ Jewish Hospital
- ❑ JH Medical Center East
- ❑ JH Medical Center South
- ❑ JH Shelbyville
- ❑ VNA Nazareth Home Care
- ❑ Sts. Mary & Elizabeth
- ❑ Frazier Rehab Institute
- ❑
- ❑ JH Meade Co.
- ❑ Our Lady of Peace
- ❑ Employed Physicians

JEWISH HOSPITAL & ST. MARY'S HEALTHCARE, INC.
REQUEST FOR RESTRICTIONS ON USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

You have the right to request restrictions on certain uses or disclosures of your Protected Health Information for the purposes of treatment, payment or health care operations at Jewish Hospital & St. Mary's HealthCare, Inc. (JHSMH). You also may request limits on the health information we disclose about you to family members, friends or other individuals identified by you who may be involved in your care or for notification purposes as described in our Notice of Privacy Practices. Your request must be in writing and state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to your request. If we do agree, we will comply with the requested restriction unless it is needed to provide emergency treatment.

Name: **Date:**

Street Address:

City, State, ZIP Code:

I hereby request:

☐ Restrictions on uses/disclosures of my Protected Health Information for the purposes of Treatment, Payment or Health Care Operations. Specify requested restrictions and to whom the restrictions apply:

☐ Limits on the health information JHSMH discloses about me to family members, friends or other individuals I have identified who are involved in my care or for notification purposes. Specify requested restrictions and to whom the restrictions apply:

Signature of Patient: **Date:**

If patient is unable to sign, secure authorization of Legal Representative and indicate reason below:

☐ Minor ☐ Incompetent ☐ Other

Signature of Legal Representative: **Date:**

Relationship to Patient:

JHSMH Representative Signature: **Date:**

Title:

Please take completed form with you when you Register at a JHSMH facility.

Consent Forms

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