

Patients have the right to request a restriction on how MultiCare Health System (MHS) uses and discloses their protected health information (PHI). You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or payment of your care, like a family member or friend.

**Please be as specific as possible when filling out this form.**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

List the PHI are requesting not to be used or disclosed. Include dates of service, health care providers, service provided, etc.:

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List the person(s) or entities you are requesting your PHI not be released to:

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- I understand MHS has up to sixty (60) days to review and respond to my request.
- I understand MHS may deny my request for restriction.
- I understand any restrictions MHS accepts will not apply when the restricted information is needed in an emergency treatment situation.
- I understand any restrictions MHS accepts will not apply when the request is required or permitted by law.
- I understand that if I am requesting a restriction on disclosures to my health plan, I must pay for the item or service in full.
- MHS may terminate the restriction if I agree to or request the restriction be terminated.

Signature of Patient or Personal Representative \_\_\_\_\_ Date \_\_\_\_\_

**Notice of Language Availability – FREE Interpreter Service:**

MultiCare offers interpreter services for all languages at no cost to you. If your language is not listed, MultiCare will still provide interpreter services at no cost to you.



**Patient Identification - Always Attach Patient Label**

Name:  
MRN #:  
CSN #:  
Age / Sex and Gender:

**REQUEST FOR RESTRICTION  
OF PROTECTED HEALTH  
INFORMATION (PHI)**

