

Admission Date: _____

Date of this Request: _____

Request for or Cancellation or Restriction of Protected Health Information Form (PHI) N-516

According to WakeMed's Notice of Privacy Practices, I understand that I have the right to request restrictions on the use and disclosure of my PHI. I also understand that WakeMed may not be required to abide by my request (for example, when disclosures are required by law, necessary for treatment, or pertain to treatment or services for which WakeMed has not received payment in full out of pocket). I also understand that if WakeMed agrees to any request for restriction of my PHI, WakeMed staff will honor such request unless the disclosure (1) is required by applicable law; (2) is to provide me with emergency medical treatment; or (3) has been terminated by me in writing.

Please check the box that best indicates the type of request you are making:

☐ Request for Restrictions ☐ Request for Cancellation of Restriction(s)

Check all boxes that apply to your request:

(Use spaces below to specify the information you are restricting or cancelling)

☐ Patient Directory

☐ Health Plan

☐ Address

☐ Phone number

☐ Email address

☐ Other privacy restriction request

Print your name: _____

Check the box that identifies your relationship to the patient:

☐ Self ☐ Parent ☐ Guardian ☐ Power of Attorney ☐ Other _____

Provide your mailing address so we can mail you a copy of our decision: _____

Best contact number in case we have questions: _____

Signature: _____ **Date:** _____

Please see reverse side of sheet for additional information pertaining to your request.

Patient Label
placed here

WakeMed
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Important Information about Opting Out of the Patient Directory

If you have requested to be excluded from the Patient Directory, we want you to know what steps our staff will be taking to maintain your anonymity.

- We will note your privacy request in the hospital's computerized information system (patient directory). Any outside inquiries as to your presence or location, unless required by applicable law, will be answered "we have no one listed by that name".
- If you will be receiving visitors, please let them know your room number as hospital staff will not be able to acknowledge your presence to give instructions to your room.
- You will not be able to receive floral deliveries because hospital staff will not be able to acknowledge your presence to give instructions to your room. You will also not be able to receive mail/cards.
- You will be able to place phone calls. However, you will only be able to receive them if the caller knows your direct dial phone number. The switchboard operator will not be able to acknowledge your presence by connecting callers to your room. To alleviate frustration, please give potential callers your direct dial room number.

I understand that WakeMed cannot restrict disclosures of this information if the disclosure is for treatment purposes, is required by law, or pertains to treatment or services for which WakeMed has not received payment in full out of pocket. I also understand that this restriction may have other limitations

Important Information about Requesting Restrictions on Phone Contact

I understand that WakeMed will honor my request for alternate communications if it is deemed reasonable and that the administrative costs and difficulty to accommodate the request may be factors in determining reasonableness.

Important Information about Requesting Restrictions on Disclosures to Health Plans

If you have requested to have disclosures of your PHI restricted from your health plan, we want you to know about additional conditions that may apply.

- WakeMed may agree to your request to restrict disclosure of your PHI to your health plan if:
 - The disclosure is not for treatment purposes;
 - The disclosure is not otherwise required by law; and
 - The PHI relates solely to health care treatment or services for which you (or someone other than your health plan) has paid WakeMed out of pocket in full ("in full" means the total amount we charge you for the service, not your copay, coinsurance, or deductible responsibility when your health plan or insurer pays for your care).
- If the treatment or services related to your restriction request have already been performed or provided, WakeMed may have already disclosed the related information to your health plan before receiving your restriction request.
- If your payment is made from a Flexible Spending Account or Health Savings Account, we can honor your request only if the account is not through the same health plan to which you requested the restriction to apply.
- If your payment is not received in full (for example, due to incomplete or denied payment, rejected check, or only your co-pay or deductible payment is made), WakeMed may deny your request and contact your health plan to recover payment.
- For prescription services, you should request a paper prescription from your provider and then directly request the pharmacy to allow you to pay out of pocket; otherwise, the pharmacy may submit your prescription directly to your health plan through the electronic prescription system.
- WakeMed may not be able to advise other providers of your restriction request and you should restate your request to all non-WakeMed providers involved in your care.
- In order for the requested restriction to apply to related follow-up care or services, you must renew your request at each visit for each treatment or service encounter and they must be paid out of pocket in full.
- WakeMed may not be able to restrict PHI related to treatment services that cannot be unbundled. In such cases, you may be asked to pay for all related/bundled services in order to effectuate the requested restriction.

WakeMed

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placed here

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