## ARIZONA DEPARTMENT OF ECONOMIC SECURITY Division of Developmental Disabilities

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

INDIVIDUAL INFORMATION
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Name ( <i>Last, First, M.I.</i> ):		Assist Number:
Birth Date:		Request Date:
Address (No., Street):		
City:	State:	ZIP Code:

If you are asking to limit the use and disclosure of your Protected Health Information (PHI), please consider the following:

- The Division of Developmental Disabilities (DDD) will consider your request, they do not have to agree to your request.
- If you request to have your PHI restricted, it may delay eligibility for services you apply for through other agencies or limit services a DDD contractor may provide.

Specify the information to be restricted:

Explain why you do not want the information disclosed:

## INDICATE THE ENTITY, INDIVIDUAL, CARE PROVIDER, OR ANY PERSONAL REPRESENTATIVE TO WHOM ACCESS SHOULD BE DENIED.

Individual's Name <i>(Last, First, M.I.)</i> :	Relationship:			
Signature:	Date:			
DDD USE ONLY				
Date Received:				
Employee's Name <i>(Last, First, M.I.</i> ):	Division:			
Signature:	Date:			
DDD PRIVACY OFFICER DETERMINATION:				
Restriction is accepted				
Restriction is denied				
Reason for Denial:				
DDD Division Privacy Officer ( <i>Print</i> ):	Date:			

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at 602-771-2893; TTY/TDD Services: 7-1-1