

Request for Restricted Use or Disclosure

This form illustrates how a dental practice may document a patient's request for a restriction on the use or disclosure of the patient's information.

Please check and complete either A or B, as applicable.

A. Health Plan Restriction for items/services paid for in full.

Patient name: _____ (please print) asks the dental practice not to give information about the following item(s) and/or service(s), for which the dental practice has been paid in full, to the health plan indicated below, for purposes of payment or health care operations, unless required by law:

Item(s) or service(s): _____

Health plan: _____

*I understand that the dental practice **must agree** to this requested restriction if the practice has received payment in full for these item(s) or service(s).*

Patient Signature _____ Date _____

Dental Practice: has payment in full been received?

Dentist or Administrator's Signature _____ Date _____

B. Other Restriction.

Patient name: _____ (please print) asks the dental practice not to use or disclose the information indicated below in the manner indicated below:

Description of information:

Requested restricted use and/or disclosure:

*I understand that the dental practice **is not required** to agree to this requested restriction, but that if the dental practice does agree it can end the restriction by telling me. I understand that if the dental practice agrees to the restriction, the dental practice may use and disclose the restricted information in certain circumstances, such as for emergency treatment or public health disclosures.*

Patient Signature _____ Date _____

Dentist or Administrator's Signature _____ Date _____

For office use only:

Agree to

Not Agree to

NOTE: The dental practice **must agree** to a request for disclosure to a health plan of information about a health care item or service for which the dental practice has been paid in full (see Section A of this form).

Signature: _____ Date _____

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