Jacksonville Fire and Rescue Department

Duval County, Florida

PATIENT REQUEST FOR RESTRICTION TO THE USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

As allowed under Federal law, 42 CFR § 164.522, an individual may request a restriction on the use and disclosure of their protected health information. An exception is if the individual is in need of emergency treatment and the restricted information is needed to provide such emergency treatment. A request to restrict the use of health information can be submitted via mail, fax, e-mail or in person to:

Jacksonville Fire and Rescue Department
Records Custodian
515 N. Julia Street
Jacksonville, FL 32202
Fax: (904) 630-4202
Email: JFRDRecordsRequest@coj.net

1. The patient information on this form must match the information documented in the patient care report.
2. A government issued ID is required when submitting request in person.
3. If any person other than the patient is signing this request, documentation of authority must be provided.

PATIENT INFORMATION

Patient Name: _____ Date of Request: _____

Patient Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____ Date of Birth: _____

DESCRIPTION OF RESTRICTION

Please specifically describe your request for restricted uses and disclosures of your protected health information.
_____
_____
_____
_____
_____

As a health care provider, we, the Jacksonville Fire and Rescue Department are allowed to use an individual's protected health information for the purpose of carrying out treatment, payment and health care operations. However, an individual has a right to restrict disclosure of protected health information if the protected health information pertains solely to a health care item or service for which the individual (patient) and/or their health plan (insurance) has already paid in full.

An individual is not required to provide an explanation as to the basis for their request for a restriction.

SIGNATURE OF PATIENT

Falsifying a request to restrict medical information is a crime under federal law.

Patient/Parent/Legal Guardian Signature	Relationship	Date

FOR JFRD USE ONLY	Request Received by	Date