



Health and Human Services Department

Restricting Use and Disclosure and Amending Protected Health Information Request From

Date of Request: _____

Individual's Name:	_____	_____	_____
	Last	First	Middle
Home Address:	_____		
Home Phone:	_____	Date of Birth: _____	Client #: _____

Restricting or Limiting Use and Disclosure of Protected Health Information

Only fill this section out if you are asking to limit use and disclosure of your personal information, please consider the following:

- ❖ Yamhill County Health and Human Services (YCHHS) will consider your request. YCHHS does not have to agree to your request unless it is regarding vocational rehabilitation or alcohol and drug information.
- ❖ YCHHS may need your authorization to use and disclose information for some services. Without your authorization, YCHHS may not be able to see if you qualify for services.

I am asking to limit the following information from being used and disclosed (be specific):

Amending Protected Health Information

Only fill this section out if you are requesting for an amendment to the Yamhill County Health and Human Services (YCHHS) record of your health information, please consider:

- ❖ YCHHS cannot amend records that YCHHS did not create.
- ❖ YCHHS will only amend records if they are found to be incomplete or inaccurate.
- ❖ Please attach any information you have to support your request.

I am asking for the following amendment to the record of my health information (be specific):

For Office Use Only:

Date of Action Taken: _____

Approved _____

Denied _____

Delayed- If delayed, we will act on your request by: _____

Comments: _____

_____ Staff Initials: _____

Your Rights When Requesting Restriction of Information:

- ❖ You have a right to request restrictions on the uses and disclosures of your information
- ❖ You have a right to have an answer to your request within 60 days.
- ❖ If there are delays in getting you the answer, you will be told. The delay cannot be more than 30 days. You'll receive an answer in writing.
- ❖ Your request and the answer will be kept in your record.
- ❖ If YCHHS agrees to your request, the restricted information will not be used or disclosed.
- ❖ YCHHS may end its agreement to your restriction if you ask to agree to end the restriction. Your request and YCHHS action will be in writing and placed in your record.
- ❖ Information in our record that was created or received while the restriction was in place will remain subject to the restriction.

Your Right to Amend Information in your Record:

- ❖ You have a right to request amendments to your information held in YCHHS files.
- ❖ You have a right to have an answer to your request within 60 days.
- ❖ If there are delays in getting you the answer, you will be told. The delay cannot be more than 30 days. You'll receive an answer in writing.
- ❖ If you disagree with the answer, you can provide a written statement saying how you'd like your record to be changed. YCHHS will keep this statement with your record.
- ❖ YCHHS may also write an answer to your statement, which will also be placed in your record. You can have a copy of this.
- ❖ Anytime your record is shared, both your statement and YCHHS answer will be included, when relevant.

You have a right to file a privacy complaint:

Individuals can file privacy complaints with Yamhill County's Privacy Officer or with the U.S. Department of Health and Human Services, Office for Civil Rights.

Privacy complaints may be directed to any of the following:

Yamhill County

Yamhill County HHS
HIPAA Privacy Official
627 NE Evans
McMinnville, OR 97128

Yamhill County
HIPAA Privacy Officer
535 NE Fifth Street
McMinnville, OR 97128

U.S. Department of Health and Human Services, Office for Civil Rights

Medical Privacy, Complaint Division 200 Independence
Avenue, SW HHH Building, Room 509H
Washington, D.C. 20201 Phone: 866-627-7748
TTY: 886-788-4989 Email: www.hhs.gov/ocr