

I understand that Torrance Memorial Medical Center may use or disclose my protected health information (“PHI”) for the purposes of treatment, payment and health care operations. Torrance Memorial Medical Center may also disclose information to someone involved in my care or the payment for my care, such as a family member or friend. I understand that Torrance Memorial Medical Center does not have to agree to my request for a restriction. I understand this restriction applies only to Torrance Memorial. Torrance Memorial does not control the release of patient information from MD offices. I understand I will need to contact my physician’s office directly to make any nondisclosure requests.

I hereby request a restriction on the hospital’s use or disclosure of protected health information **FOR THIS VISIT ONLY**. This restriction will automatically terminate when I am discharged from the hospital, after my outpatient visit or after my course of care is finished. The information I want restricted is:

Make me a “**confidential**” patient. I will not receive mail, email, phone calls, visitors, clergy or deliveries (flowers, gifts, etc.) I will not be overhead paged.

I wish to restrict clergy visits only. (Check this box or notify your nurse after you are admitted).

I wish to restrict the disclosure of my medical record (this visit only) from my insurance carrier. I choose to be a private pay patient for this visit. (Check this box or notify your nurse after you are admitted).

I wish to restrict the discussion of the following condition with the listed person:

Condition:	Person to be restricted:
------------	--------------------------

Signature of Patient or Representative:

Print Patient Name or Representative:

If Representative, give relationship:	Date/Time:
---------------------------------------	------------

Torrance Memorial Medical Center Acceptance of Restriction:

Torrance Memorial Medical Center Representative:
--


Signature:	Date/Time
------------	-----------

This restriction may be terminated if I orally agree to the termination and the oral agreement is documented by my nurse.

To be used after admission:

<input type="checkbox"/> Restriction terminated	Date:	Time:
---	-------	-------

Patient Signature:	Staff Signature:
--------------------	------------------

 <p>TORRANCE MEMORIAL A CEDARS-SINAI AFFILIATE</p> <p>Request for Confidential Status and Other Restrictions on Use and Disclosure to PHI</p> <p>HIPAA FORM #6 Page 1 of 1</p>	<p>Patient Identification</p>
--	-------------------------------

CONDITIONS OF RESTRICTIONS

1. Torrance Memorial Medical Center may share Protected Health Information (PHI) you have placed under restriction in the following circumstances:
 - ◆ During a medical emergency if the restricted information is needed to provide emergency treatment. However, if the information is disclosed during an emergency, Torrance Memorial Medical Center will tell the recipient not to use or disclose it for any other purposes.
 - ◆ For reporting abuse, neglect domestic violence or other crimes.
 - ◆ For health agency oversight activities or law enforcement investigations.
 - ◆ For identifying decedents to coroner and medical examiners or determining a cause of death.
 - ◆ For organ procurement.
 - ◆ For workers' compensation programs.
 - ◆ For uses or disclosures otherwise required by law.
2. You may choose "**Confidential**" status. If you choose this status, you will not be on the hospital census report and you will not receive mail, e-mail, phone calls, clergy, visitors, and deliveries will not be directed to your room and you will not be overhead paged. We will ensure this occurs to the best of our ability. A "**No Visitor**" sign will be placed on your door. **We will not put any phone calls through to your room or route any visitors to your room EVEN IF YOU GIVE THEM YOUR ROOM NUMBER.**
3. You may choose to restrict **ONLY** the clergy from visiting you. If you choose this option, your religion will still appear on your medical record, however, a "No Clergy" will be added and your name will not appear on the clergy report.
4. You may choose to restrict the disclosure of your medical record from your insurance carrier for services paid for as a private pay patient. A "Cash Private Pay Chart Restriction" will be added to your record.
5. You may choose to restrict **ONLY** discussion of your condition with certain family members or friends.
6. You may choose restrictions on types of communication such as where we call you or where we mail information to you. You may also choose to "Opt Out" of any communication relative to fundraising activities. (Appointment reminders and/or billing/payment notices are exempt from the "Opt Out" restriction). If you choose this type of restriction, your choices will be recorded in the computer system for future reference.
7. Restrictions apply only to your Torrance Memorial visit and/or medical record. If you choose any of these restrictions, a copy of the restriction notice will be placed in your medical record. Torrance Memorial does not control the release of patient information from MD offices. You will need to contact your physician's office directly to make any nondisclosure requests.
8. You also have the right to choose **NO** restrictions knowing that we will still handle all your Protected Health information confidentially. If you choose no restrictions at time of registration, you may ask for restrictions at any time during your stay or course of treatment.

This restriction may be terminated if:

- ◆ You request, or agree to, the termination in writing.
- ◆ You orally agree to the termination and the oral agreement is documented in your medical record.
- ◆ The hospital informs you that it is terminating the agreement. In this case, the termination is only effective for PHI created by the hospital or received by the hospital after you are notified of the termination.