

[NAME OF PRACTICE]

**RESPONSE TO REQUEST
TO RESTRICT CERTAIN USES AND DISCLOSURES**

Dear _____:

We received your request that we restrict certain uses and disclosures of your protected health information. As you know, the law does not require us to agree to your requested restriction.

_____ We **will not** be able to agree to your restriction. However, if you believe you will be endangered if your protected health information is disclosed through a communication we might make to you or someone in your household, please submit the form entitled "Request For Confidential Communication."

_____ We **will** agree to restrict uses and disclosures of your protected health information as you requested. In particular **[describe uses and disclosures that will not be made, including specifically the names of family members/friends to whom disclosures will not be made.]**

Please note that we may remove this restriction prospectively at any time upon providing notice to you.

You may call us at [Phone Number of Practice _____] if you have any questions.

Sincerely,

[Name of Privacy Official _____], Privacy Official
[Name of Practice _____]