

USE OFFICIAL COUNTY/FACILITY LETTERHEAD

{insert date}

{insert individual's address}

Dear {insert Mr. Mrs. Miss and name}

On {insert date}, you requested that {insert facility name} restrict its use or disclosure of protected health information.

This facility agrees to the restriction you requested. **OR** This facility has determined that it must deny your request.

- Basis for denial (if applicable):

Even if the Department of Health Services (DHS) agrees to the requested restriction, DHS may still use or disclose the information in the following circumstances:

- If you are in need of emergency treatment and the restricted information is needed to provide emergency treatment. In this circumstance, DHS may use the restricted information itself, or may disclose the restricted Protected Health Information to a health care provider to provide treatment to you. If the restricted information is disclosed to another health care provider for emergency treatment, the facility will request the health care provider not to further use or disclose the Protected Health Information.
- For certain public health activities;
- For reporting abuse, neglect, domestic violence;
- For health agency oversight activities, law enforcement purposes and specialized government functions;
- For judicial or administrative proceedings;
- For identifying decedents to coroner and medical examiners or determining a cause of death;
- For organ procurement purposes;
- For certain research activities;
- For workers' compensation programs; and
- For uses and disclosures required by law.

Even if a special restriction is agreed to, it may be terminated if:

- You request, or agree to, the termination in writing
- You verbally agree to the termination and the verbal agreement is documented
- The facility informs you that it is terminating the agreement. In this case, the termination is only effective for PHI created by the facility or received by the facility after you are notified of the termination.

For more information about your health privacy rights, ask a staff member for a copy of our **Notice of Privacy Practices**. You may also obtain a copy by visiting our website at <http://www.dhs.co.la.ca.us/> or by sending a written request to:

DHS Privacy Officer
Los Angeles County Department of Health Services
313 N. Figueroa Street, Room 708
Los Angeles CA 90012

Thank you for providing us with this opportunity to serve you and we look forward to continuing to serve your healthcare needs.

Sincerely,
