

INSTRUCTIONS

DHS 8028

Request to Restrict Disclosure of Protected Health Information

Purpose:

1. To allow a request to restrict the disclosure of protected health information and Med-QUEST Division determination to the request.

Specifics:

1. Applicable full name must be stated.
2. If legal representative, describe legal authority. (i.e. lawyer, court order, legal guardian, or legal parent etc.) Attach a copy of legal authority to DHS 8028.
3. The health information to be restricted must be stated.
4. Mailing address must be stated.
5. Document the date of response to the request.
6. Review check box for appropriate action:

Check box 1. Inform the requestor MQD shall restrict the disclosure as requested.

Check box 2. Inform the requestor MQD shall not restrict the disclosure of health information as requested.

Check box 3-5. Inform the requestor the reason for the denial.

MQD staff:

1. Verify identity of requestor.
2. Route original copy of DHS 8028 to MQD Administration.
3. File original copy of form DHS 8028 in Administration files.
3. Send duplicate copy of form DHS 8028 to client/legal representative.