



Patient Request for Restriction of Uses and Disclosures

Place Patient Label Here

Mail, Fax or Drop off completed form at the following locations - Health Information Management Dept. - ROI

Good Samaritan Regional Medical Center
P.O. Box 2728
Corvallis, OR 97330
Fax: 541/768-5389

Samaritan Albany General Hospital
1046 Sixth Ave. SW
Albany, OR
Fax: 541/812-4139

Samaritan Lebanon Community Hospital
P.O. Box 739
Lebanon, OR
Fax: 541/451-7071

Samaritan North/Lincoln Hospital
P.O. Box 767
Lincoln City, OR 97367
Fax: 541/996-7310

Samaritan Pacific Communities Hospital
930 SW Abbey St.
Newport, OR 97635
Fax: 541/574-1836

Patient Name

Date of Birth

Medical Record #

I request that Samaritan Health Services limit use and disclosure of my medical information.

Before signing this request, please consider: SHS will consider, but is not required, by law, to agree to this request.

Your Rights when Requesting Restriction of Information:

- You have a right to request restrictions on the uses and disclosures of your medical information.
You have a right to receive a response to this request within 60 days.
Your request and the SHS response will be kept in your medical record.
If SHS agrees to your request, the agreed-on restrictions will be followed except in certain circumstances.
You may request to terminate this restriction.
SHS may terminate the agreement for restriction if we inform you that it is being terminated.

I request to limit the following medical information from being used or disclosed (be specific, a separate page may be attached, if needed):

Blank lines for specifying medical information to be limited.

Signature of patient

Signature of person authorized by law to sign for patient

Date

Relationship to patient

Witness

Date

SHS Use only: Privacy Officer review and comments: [] Agree with request [] Disagree with request. Comments below:
SHS Privacy Officer signature Time and Date signed

Your Right to File a Privacy Complaint:

Individuals can file privacy complaints with the SHS Privacy Officer or with the U.S. Department of Health and Human Services, Office for Civil Rights. See contact information below:

Samaritan Health Services, Inc.
Attention: Privacy Officer
3600 NW Samaritan Drive Corvallis, Oregon 97330
Phone: (541) 768-6218
Email: privacy@samhealth.org

Office for Civil Rights, Region X
U.S. Department of Health and Human Services 2201 Sixth Avenue - Mail Stop RX-11
Seattle, Washington 98121-1831
Phone: (206) 615-2290

