

**Renville County Public Health Services
Data Practices / HIPAA**

Request for Restrictions

(Patient right to request restriction on the use and disclosure of their private health information)

A. Requester Information

Name of Requester: _____ Date of Request: _____

Address: _____ Phone: _____

B. Description of Specific Restriction Requested

C. To Whom the Restriction Applies

D. Signature of Requester, Parent, Guardian: _____

Return to : Renville County Public Health Services
410 East DePue Ave, Rm 245
Olivia, MN 56277

320/ 523-2570
Fax: 320/ 523-3749

For Internal Departmental Use

Action on Request

- Agreed to Request. Restrictions applied and accommodations made on: _____
- Denied Request. Basis for denial sent on: _____

Request handled by: _____

Determination made by: _____