

**THE UNIVERSITY OF TEXAS SYSTEM ADMINISTRATION  
HIPAA PRIVACY MANUAL**

**Request for Restriction on Use or Disclosure of Protected Health Information**

The University of Texas System recognizes an Individual's right to request that UT SELECT, UT DENTAL SELECT & UT FLEX restrict its uses and disclosures of medical information for purposes of payment, health care operations, and certain notification disclosures. As a practical matter, normally System cannot agree to restrictions on use and disclosure of medical information. However, System will consider the special circumstances for which you make your request. If we agree to your request, we will comply with your requested restriction unless either the restriction is terminated, the use or disclosure is necessary for your emergency treatment, or the use or disclosure is legally permissible for reasons other than payment, health care operations, or notification disclosures.

Name: \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Address: \_\_\_\_\_

DOB: \_\_\_\_\_ Benefits ID #\* \_\_\_\_\_ Email Address \_\_\_\_\_

List the System Group Health Plan(s) to which you request these restrictions to apply:

\_\_\_\_\_  
\_\_\_\_\_

Describe the types of medical or payment information you wish to be restricted: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

To whom are you requesting this information not be disclosed? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Why are you requesting this restriction? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If compliance with your request will affect System's ability to receive or make Payments in connection with a Plan, what would be a feasible alternative method for us to perform the Payment operation to be performed?

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* You can look up your UT System Benefits ID number at:  
<https://utdirect.utexas.edu/nlogon/sgwww/SGPNIBID.WBX>

*Please Complete Entire Form  
Attach Additional Pages as Necessary*

*NEED HELP? EMAIL [Privacyofficer@utsystem.edu](mailto:Privacyofficer@utsystem.edu)  
Form Restriction Request*

If the request is signed by a legal representative of the individual:

Printed name of legal representative: \_\_\_\_\_

Representative's authority to act for the individual: \_\_\_\_\_

If signed by a legal representative of the individual, please note that we must verify that you are this individual's legal representative for purposes of filing this Request. Please enclose any documents that support this authority (Power of Attorney, Court Order, etc). As this person's representative, can you be contacted at the address, e-mail, or phone number listed above? If not, please provide your mailing address, e-mail address and phone number below:

**EGI Use Only**

Person processing request for restriction: \_\_\_\_\_

Date request received: \_\_\_\_\_

Restriction:  Granted  Denied      Date individual notified: \_\_\_\_\_

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<https://utdirect.utexas.edu/nlogon/sgwww/SGPNIBID.WBX>