

South Dakota Department of Human Services

Restriction of Use and Disclosure Request Form

(For use by **DHS** clients/patients requesting to limit use and disclosure of their health information)

Name:	Case Number:
Division/Facility:	Date of Birth:
Location of Record:	Date of Request:

If you are asking to limit use and disclosure of your protected health information (PHI), please consider the following:

- Department of Human Services (DHS) will consider your request. DHS does not have to agree with your request.
- DHS may need your authorization to use and disclose information for some services. Without your authorization, DHS may not be able to determine if you qualify for services.
- In case of an emergency, DHS may use PHI that has been restricted to provide you with emergency treatment if needed without your authorization.

I am asking to limit the following PHI from being used and disclosed: (Be specific)

Signature - Client/Patient: _____ Date signed: _____

Signature – Personal/Legal Representative of Client/Patient: _____
(if applicable)

Relationship to Client/Patient: _____ Date signed: _____

(See your privacy rights attached)

South Dakota Department of Human Services

Your Right to When Requesting Restriction of PHI:

- You have a right to request restrictions on the uses and disclosures of your PHI.
- You have a right to have an answer to your request within 60 days. If there are delays in getting you the answer, you will be told. The delay cannot be more than 30 days. You'll receive an answer in writing.
- Your request and the answer will be kept in your record.
- If DHS agrees to your request, the restricted information will not be used or disclosed.
- You may ask us at any time to end this restriction by telling us or putting it in writing.
- DHS may terminate our agreement with you by informing you in writing. This will only affect PHI created or received after we have informed you.

You have a right to file a privacy complaint:

Individuals can file privacy complaints with either DHS or with the Region VIII Office of Civil Rights, U.S. Department of Health and Human Services.

Privacy complaints may be directed to any of the following:

For services provided by one of the following divisions: Alcohol and Drug Abuse, Developmental Disabilities, Mental Health, Rehabilitation Services, or Service to the Blind and Visually Impaired, contact:

Department of Human Services
HIPAA Privacy Office
Hillsview Plaza, East Hwy. 34
c/o 500 E. Capitol
Pierre, South Dakota 57501-5070
Phone: (800) 265-9684;
TTY: (605) 773-5990;
Fax: (605) 773-5483; or
Email: infodhs@state.sd.us

For Services provided by the Human Services Center, contact:

Human Services Center
ATTN: HIPAA Privacy Contact
PO Box 7600
Yankton, SD 57078-7600
Phone: (605) 668-3100;
TTY: (605) 668-3158;
Fax: (605) 668-3460; or
Email: infohsc@state.sd.us

For services provided by the South Dakota Developmental Center, contact:

South Dakota Developmental Center
ATTN: HIPAA Privacy Contact
17267 3rd St. W
Redfield, SD 57469-1001
Phone: (605) 472-2400;
Fax: (605) 472-4216; or
Email: infosddc@dhs-rf.state.sd.us

* Or *

**Region VIII Office of Civil Rights,
U.S. Department of Health and
Human Services**

1961 Stout Street – Room 1185 FOB
Denver, CO 80294 – 3538
Voice Phone: (303) 844-2024
Fax: (303) 844-2025
TDD (303) 844-3439

**This form is available in alternate formats that meet the guidelines for the Americans with Disabilities Act (ADA).
Contact DHS at: Phone (605) 773-5990 or Fax (605) 773-5483**