

You may request to receive confidential communications of Protected Health Information (PHI) by alternative means or at alternative addresses. For example, you may not want your appointment notices or your bill to go to your home where a family member might see it. You may also request to "Opt Out" of any communications relative to fundraising activities.

We may not ask you the reason for your request. We will accommodate all reasonable requests. If you make a special request, you must give us an alternative address or other method of contacting you (phone number, email address, etc.). This restriction is FOR THIS VISIT ONLY and will automatically terminate when you are discharged from the hospital, after your outpatient visit or after your course of care is finished. I understand this restriction applies only to Torrance Memorial. Torrance Memorial does not control the release of patient information from MD offices. I understand I will need to contact my physician's office directly to make any nondisclosure requests.

Please specify how or where you wish to be contacted:

Do not send any mailing (including my bill) to my home address. Use this address instead:

Alternative Address:
City, State, Zip

Do not call me at my home phone number. Use this phone number instead:

Alternative Phone Number:

I wish to "Opt Out" from receiving any communications relative to fundraising activities.

Signature of Patient or Representative:	
Print Patient Name or Representative:	
If Representative, give relationship:	Date/Time

Torrance Memorial Medical Center Acceptance of Restriction:

Torrance Memorial Medical Center Representative Signature:
Date:

This restriction may be terminated if I orally agree to the termination and the oral agreement is documented by my nurse.

To be used after admission:		
Restriction terminated	Date:	Time:
Patient Signature:	Staff Signature:	



REQUEST FOR RESTRICTION ON THE Manner of Confidential Communication

HIPAA FORM #5

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Patient Identification

CONDITIONS OF RESTRICTIONS

1. Torrance Memorial Medical Center may share Protected Health Information (PHI) you have placed under restriction in the following circumstances:
 - ◆ During a medical emergency if the restricted information is needed to provide emergency treatment. However, if the information is disclosed during an emergency, Torrance Memorial Medical Center will tell the recipient not to use or disclose it for any other purposes.
 - ◆ For reporting abuse, neglect domestic violence or other crimes.
 - ◆ For health agency oversight activities or law enforcement investigations.
 - ◆ For identifying decedents to coroner and medical examiners or determining a cause of death.
 - ◆ For organ procurement.
 - ◆ For workers' compensation programs.
 - ◆ For uses or disclosures otherwise required by law.
2. You may choose "**Confidential**" status. If you choose this status, you will not be on the hospital census report and you will not receive mail, e-mail, phone calls, clergy, visitors, and deliveries will not be directed to your room and you will not be overhead paged. We will ensure this occurs to the best of our ability. A "**No Visitor**" sign will be placed on your door. **We will not put any phone calls through to your room or route any visitors to your room EVEN IF YOU GIVE THEM YOUR ROOM NUMBER.**
3. You may choose to restrict **ONLY** the clergy from visiting you. If you choose this option, your religion will still appear on your medical record, however, a "No Clergy" will be added and your name will not appear on the clergy report.
4. You may choose to restrict the disclosure of your medical record from your insurance carrier for services paid for as a private pay patient. A "Cash Private Pay Chart Restriction" will be added to your record.
5. You may choose to restrict **ONLY** discussion of your condition with certain family members or friends.
6. You may choose restrictions on types of communication such as where we call you or where we mail information to you. You may also choose to "Opt Out" of any communication relative to fundraising activities. (Appointment reminders and/or billing/payment notices are exempt from the "Opt Out" restriction). If you choose this type of restriction, your choices will be recorded in the computer system for future reference.
7. Restrictions apply only to your Torrance Memorial visit and/or medical record. If you choose any of these restrictions, a copy of the restriction notice will be placed in your medical record. Torrance Memorial does not control the release of patient information from MD offices. You will need to contact your physician's office directly to make any nondisclosure requests.
8. You also have the right to choose **NO** restrictions knowing that we will still handle all your Protected Health information confidentially. If you choose no restrictions at time of registration, you may ask for restrictions at any time during your stay or course of treatment.

This restriction may be terminated if:

- ◆ You request, or agree to, the termination in writing.
- ◆ You orally agree to the termination and the oral agreement is documented in your medical record.
- ◆ The hospital informs you that it is terminating the agreement. In this case, the termination is only effective for PHI created by the hospital or received by the hospital after you are notified of the termination.