

South Carolina Department of Social Services
**REQUEST FOR PRIVACY PROTECTION FOR
PROTECTED HEALTH INFORMATION**

I, the undersigned, do hereby request the Department of Social Services to restrict the release of health information concerning _____,

DOB _____ for the time period of _____ to the following:

1. _____
2. _____
3. _____

Signature of Individual or Authorized Party

Date

Printed Name

Relationship to Individual

- Request Approved**
We have agreed to your request for restrictions, but in limited situations, we have the authority to use or disclose the health information in spite of the agreement.
- Request Denied**
Your request for restriction of the use and disclosures of your protected health information has been denied. This denial is based on our conclusion that such restrictions would limit our ability to provide you proper treatment and services.

Sincerely,

(Designated Contact Person)