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 ____________________________ 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)

DSS Form 4001 (APR 03)