



Request To Restrict Uses And Disclosures Of Health Information

- You have the right to ask the Illinois Department of Healthcare and Family Services (Agency) to restrict the ways the Agency uses and shares your personal health information for its treatment, payment and health care operations purposes.
- The Agency is not required to agree to your request for a restriction, but will do its best to accommodate all reasonable requests.
- You can agree orally or in writing to withdraw your request for a restriction at any time. The Agency can terminate the agreement to restrict how it uses or shares your personal health information if it tells you it is terminating the agreement. The agreement to terminate the restriction is effective only about your personal health information that the Agency creates or receives after the date the Agency tells you that the agreement to restrict has been terminated.

My name: _____

Date of birth: _____

Recipient I.D. Number (RIN) _____

I request that the Agency restrict the ways it uses or shares my personal health information in this way:

Signature: _____

Date: _____

Send this Personal Representative Designation or Revocation to:

Privacy Officer
Office of the General Counsel
Healthcare and Family Services
201 S. Grand Ave. East, 3rd Floor
Springfield, IL 62763-1000

Fax: 1-217-524-2397

If you have any questions, contact the Privacy Office at the address to the left, or the phone number below. The call is free.

Toll-free telephone: 1-800-226-0768
(Health Benefits Hotline)
Toll-free for persons using a TTY: 1-877-204-1012

e-mail address:
HFS.privacy.officer@illinois.gov