

**REQUEST FOR RESTRICTION OF HEALTH INFORMATION**

|                       |                              |
|-----------------------|------------------------------|
| INDIVIDUAL'S NAME     | SOCIAL SECURITY NUMBER       |
| INDIVIDUAL'S ADDRESS  | BIRTH DATE                   |
| CITY, STATE, ZIP CODE | OTHER IDENTIFIER (E.G., DCN) |

PLEASE SPECIFY THE INFORMATION TO BE RESTRICTED

PLEASE EXPLAIN WHY YOU DO NOT WANT THE INFORMATION DISCLOSED

**Please indicate the individual, care provider, personal representative, or organization to whom access should be denied.**

| ENTITY'S NAME | RELATIONSHIP TO INDIVIDUAL |
|---------------|----------------------------|
|               |                            |
|               |                            |
|               |                            |

|   |      |
|---|------|
| INDIVIDUAL OR PERSONAL REPRESENTATIVE SIGNATURE | DATE |
|---|------|

**Missouri Department of Social Services Use Only**

**Restriction is Accepted.** If accepted, return a copy of completed form to individual and send a copy to Divisional Privacy Officer. Place original form in individual's case file.

|               |                 |      |
|---------------|-----------------|------|
| EMPLOYEE NAME | DIVISION/COUNTY | DATE |
|---------------|-----------------|------|

**Recommend Denial of Restriction.** Explain recommendation and forward to Divisional Privacy Officer.

|               |                 |      |
|---------------|-----------------|------|
| EMPLOYEE NAME | DIVISION/COUNTY | DATE |
|---------------|-----------------|------|

**DIVISIONAL PRIVACY OFFICER DETERMINATION**

**Restriction is Accepted.** If accepted, return a copy of completed form to individual and send original to employee to place in individual's case file.

**Restriction is Denied.** Return a copy of completed form to individual and send original to employee to place in individual's case file. Copy DSS Privacy Officer

|                                      |      |
|--------------------------------------|------|
| DIVISIONAL PRIVACY OFFICER SIGNATURE | DATE |
|--------------------------------------|------|