



**REQUEST FOR RESTRICTIONS ON USE AND/OR DISCLOSURE OF PROTECTED HEALTH INFORMATION**

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM  
SFN 58773 (Rev. 01-2014)

**NDPERS • PO Box 1657 • Bismarck, • North Dakota 58502-1657  
(701) 328- 3900 • 1-800-803-7377 • Fax 701-328-3920**

<b>PART A MEMBER INFORMATION</b>	
Name (Last, First, Middle)	NDPERS Member ID
Last Four Digits of Social Security Number	Date of Birth
Health Plan ID Number	
<b>PART B MEMBER AUTHORIZATION &amp; ACKNOWLEDGEMENT</b>	
<p>I, _____, am requesting a restriction on NDPERS use and/or disclosure of my health information (information that constitutes protected health information as defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996) in the manner described below. I understand that NDPERS may deny this request for any reason. I also understand that if agreed to, NDPERS may not be able to honor this request if I require emergency treatment and that NDPERS may remove this restriction in the future, if I am notified in advance.</p> <p><u>Description of Restriction of the Health Information to be Used or Disclosed.</u> The following is a description of the specific health information I wish to restrict:</p> <p>_____</p> <p>_____</p> <p><u>Persons/Organizations Restricted from Use and/or Disclosure of Health Information.</u> I request that the following person(s) and/or organization(s) not be allowed to use, receive and/or disclose the health information described above.</p> <p>_____</p> <p>By signing this form, I am confirming that it accurately reflects my wishes.</p> <p>_____ / ____ / ____</p> <p style="text-align: center;">Signature <span style="margin-left: 200px;">Date</span></p> <p>If signed by personal representative: Name of personal representative: _____</p> <p>Relationship to participant or nature of authority: _____</p> <p>_____ / ____ / ____</p> <p style="text-align: center;">Signature of Personal Representative <span style="margin-left: 200px;">Date</span></p>	

