[Insert Letterhead]

**Restriction of Uses and Disclosures Acceptance**

Dear [Insert Patient Name],

On [Insert date], we received your request that we restrict uses and/or disclosures of your protected health information in a specific manner. Your request was accepted and we have restricted uses and/or disclosures of your protected health information in the following manner: [Insert Specifics]. This restriction does not apply to information that was used, disclosed, or otherwise transmitted prior to processing your request. This restriction, also, does not apply to disclosures or uses for billing/insurance, treatment, and internal operations purposes. If you wish to terminate your request, you must inform us in writing.

If you have any questions, please call [Insert name and contact info of Covered Entity employee]. If you would like to review our Notice of Privacy Practices please let us know and one will be sent to you.

Sincerely,

[Insert Covered Entity contact name and information]