

Request to Restrict or Opt Out of the Use and Disclosure of Protected Health Information or Terminate Prior Authorization

The Kenton County Airport Board (“Board”) considers your medical and billing information confidential. You have the right to request that the Board restrict its use and disclosures of your protected health information. This means you may ask the Board to not use or disclose any part of your PHI for purposes of treatment, payment or health care operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in the Notice of Privacy Policies.

Your request must state the specific restriction and to whom you want the restriction to apply. The Board is not required to agree to a restriction that you request. However, the Board must agree to not disclose you protected health information to your health plan if the disclosure is for payments or health care operations and relates to a health care item or service which you paid for in full out of pocket. If the Board agrees to any requested restriction, the Board may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment.

The Board will review all requests and accept the requests it chooses to accept. If accepted, your request will be in effect until you change or rescind it by submitting a new request through another use of this form.

The Board reserves the right to terminate your requested restriction if:

- You were notified of the termination of the restriction, in writing; or
- You requested the termination yourself.

In order to terminate an existing Restriction or Authorization, you must make such designations on this form or otherwise in writing to the Privacy Officer of the Board. Should you fail to terminate such Restriction or Authorization, the same will continue in full force and effect.

1. Individual Information

Last Name	First Name	Middle Initial
I.D. Number (If Applicable)	Social Security Number	Birth Date (MM/DD/YYYY)
Street Address		City, State and Zip Code
Daytime Telephone Number (include area code)		

This is a:

- New Request
- Termination of Previous Request or Authorization
- Change to Prior Request

2. Opt Out or Object (If Applicable)

Unless you object or opts out herein, the Board may disclose your PHI to a member of your family, a relative, close friend, or anyone you identify if the named third party is involved in your health care, including the payment thereof, as otherwise provided by law. Please check the opt out box and indicate in the restrictions whom you would like to restrict from accessing your PHI.

Opt Out or Object

3. Restrictions (If Applicable)

Protected Health Information to be restricted:

Nature of the Restriction:

Persons restricted from accessing your personal health information:

If such request is granted, this request will only apply to the protected health information you designated above.

4. Termination of Restriction or Authorization (If Applicable)

Date on which prior Restriction or Authorization was given: _____

Description of prior Restriction or Authorization you wish to terminate:

Please note that unless such Restriction or Authorization is indicated herein or otherwise terminated in a writing to the Board's Privacy Officer, such Restriction or Authorization shall remain in full force and effect.

5. Signature

Signature of Individual		Date
Printed Name of Individual		
Individual's Street Address		City, State and Zip Code
Signature of Individual's Legal Representative (if applicable)		Date
Printed Name of Individual's Legal Representative (if applicable)		

If this request is signed by the Individual's Legal Representative, you must furnish a copy of the health care power of attorney or other relevant document legally authorizing the Legal Representative to act on behalf of the Individual, as applicable.

Return this completed form to:

**Kenton County Airport Board
 Scott Gibbons
 Vice President Business Administration
 P.O. Box 752000
 Cincinnati, Ohio 45275-2000
 Facsimile: 859-767-7813**