



## Patient Request to Restrict Disclosures of Protected Health Information to an Insurer

The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) allows you to keep NYU Langone Health from sharing your Protected Health Information (“PHI”) with your insurer when you pay for a health care item or service in full and out-of-pocket. We will honor this restriction on sharing your PHI, except when the disclosure of this information is required by law or the restriction has been properly ended.

You **must** fill out a separate form for the hospital **and** each doctor/practice you wish to restrict disclosures from. This could be a surgeon, admitting physician, radiologist, pathologist, or any Faculty Group Practice or Family Health Center physician/practice.

**Step 1:** To be filled out by Patient Registration:

Explanation of Procedure/Service	Date of Service/Visit	Provider Name, Notes, Other Comments

**Step 2:** By signing this form, I understand that:

- I agree to pay all estimated costs today for the services listed above, based on the standard self-pay discounted rate. These costs are listed in the “Estimate of Charges” form given to me.
- I agree to pay the final bill in full when I get it.
- I do not meet the eligibility requirements for Financial Assistance.