



Iowa Department of Health and Human Services
Request to Restrict Use or Disclosure of Health Information

Name of Client		Date of Request	
Mailing Address – Street or P.O. Box		Social Security Number, Patient number, or State ID	
City, State, and Zip Code		Phone Number	Birth Date
Check all of the programs that apply: <input type="checkbox"/> Medicaid <input type="checkbox"/> hawk-I <input type="checkbox"/> Facility			
To be completed by the client or the client's personal representative			
<p>I request that the Department of Health and Human Services restrict the use or disclosure of the following health information.</p> <p>I understand that the Department is not required to agree to my request, but if it does agree, the information will not be used or disclosed except as needed to get emergency treatment for me.</p> <p>I understand that if my request involves issues about payment for my health care, the Department will need to know how payment for services will be made before it will agree to my request.</p> <p>I would like use and disclosure of the following health information to be restricted: _____</p> <p>_____</p> <p>_____</p> <p>I want this information restricted because: _____</p> <p>_____</p> <p><i>Check the box that tells how you want this information to be restricted and complete the blank:</i></p> <p><input type="checkbox"/> I do not want this information to be given to the following persons or agencies: _____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Other restrictions requested: _____</p> <p>_____</p> <p>_____</p>			
Client or Personal Representative's Signature		Date	

To be completed by Security and Privacy Office

☐ Request is granted. Should the Department need to end these restrictions, you will be given written notice.

☐ Request is denied. Reason for denial: _____

Manual and Rule Reference:

Security and Privacy Office Signature

Date

You Have the Right to Appeal

What is an appeal? An **appeal** is asking for a hearing because you do not like a decision the Department of Health and Human Services (HHS) makes. You have the right to file an appeal if you disagree with a decision. You do not have to pay to file an appeal. [441 Iowa Administrative Code Chapter 7].

How do I appeal? Filing an appeal is easy. You must appeal in writing by doing **one** of the following:

- Complete an appeal electronically at <https://dhssecure.dhs.state.ia.us/forms/>, **or**
- Write a letter telling us why you think a decision is wrong, **or**
- Fill out an Appeal and Request for Hearing form. You can get this form at your county HHS office.

Send or take your appeal to the Department of Health and Human Services, Appeals Section, 321 E Walnut Street, Des Moines, Iowa 50319. If you need help filing an appeal, ask your county HHS office.

How long do I have to appeal? You must file an appeal:

- **Within 30 calendar days** of the date of a decision **or**
- Before the date a decision goes into effect

If you file an appeal more than 30 but less than 90 calendar days from the date of a decision, you must tell us why your appeal is late. If you have a good reason for filing your appeal late, we will decide if you can get a hearing. If you file an appeal 90 days after the date of a decision, we **cannot** give you a hearing.

Can I continue to get benefits when my appeal is pending? You may keep your benefits until an appeal is final or through the end of your certification period if you file an appeal:

- Within 10 calendar days of the date of a decision **or**
- Before the date a decision goes into effect

Any benefits you get while your appeal is being decided may have to be paid back if the Department's action is correct.

How will I know if I get a hearing? You will get a hearing notice that tells you the date and time a telephone hearing is scheduled. You will get a letter telling you if you do not get a hearing. This letter will tell you why you did not get a hearing. It will also explain what you can do if you disagree with the decision to not give you a hearing.

Can I have someone else help me in the hearing? You or someone else, such as a friend or relative can tell why you disagree with the Department's decision. You may also have a lawyer help you, but the Department will not pay for one. Your county HHS office can give you information about legal services. The cost of legal services will be based on your income. You may also call Iowa Legal Aid at 1-800-532-1275. If you live in Polk County, call 515-243-1193.

Policy Regarding Discrimination, Harassment, Affirmative Action and Equal Employment Opportunity

It is HHS policy to provide equal treatment in employment and provision of services to applicants, employees and clients without regard to race, color, national origin, sex, sexual orientation, religion, age, disability, political belief or veteran status.

If you feel HHS has discriminated against or harassed you, please send a letter detailing your complaint to:

Iowa Department of Health and Human Services, Office of Human Resources, 321 E. Walnut, Des Moines, IA 50319; fax (515) 281-4243 or via e-mail stopit@dhs.state.ia.us.