

**CONFIDENTIAL  
PATIENT  
INFORMATION: See  
California Welfare  
and Institutions Code  
Section 5328**

San Mateo County Behavioral Health Services



## Request for Special Restriction on Use or Disclosure of Protected Health Information

Date \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

I understand that San Mateo County Behavioral Health Services may use or disclose my protected health information for the purposes of treatment, payment and health care operations.

I hereby request a restriction on San Mateo County Behavioral Health Service's use or disclosure of my protected health information.

The information I want limited is: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I want to limit:

- Mental Health's use of this information.
- Mental Health's disclosure of this information
- Both the use and the disclosure of this information.

I understand that San Mateo County Behavioral Health does not have to agree to my request. I also understand that I have the continuing right to request restrictions on my protected health information when I sign an authorization to release information, say, to a family member.

I understand that San Mateo County Behavioral Health is required to share the information in the following circumstances:

- During a medical emergency if the restricted information is needed to provide emergency, Mental health Services will tell the recipient not to use or disclose it for any other purposes.
- For certain public health activities.
- For reporting abuse, neglect, domestic violence or other crimes.
- For health agency oversight activities or law enforcement investigation.
- For judicial or administrative proceedings.
- For identifying decedents to coroner and medical examiners or determining a cause of death.
- For certain research activities.
- For workers' compensation programs.
- For uses or disclosures otherwise required by law.

---

For more information about your privacy rights, see the "Notice of Privacy Practices" available on our website at [www.co.sanmateo.ca.us](http://www.co.sanmateo.ca.us), or at the clinic where you are receiving services OR by sending a written request to San Mateo County Behavioral Health, 225 37<sup>th</sup> Avenue, San Mateo, CA 94403.

If you believe your privacy rights have been violated, you may file a complaint with Behavioral Health or with the Secretary of the Department of Health and Human Services. To file a complaint with Behavioral Health, contact the Office of Consumer and Family Affairs at 800-388-0101. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

Signature of client or representative \_\_\_\_\_

If representative, give relationship \_\_\_\_\_