

HIPAA – FORM A
PEDIATRIC ASSOCIATES

**REQUEST FOR LIMITATIONS AND RESTRICTIONS OF
PROTECTED HEALTH INFORMATION**

PLEASE NOTE: UNDER GOVERNMENT REGULATION WE ARE NOT REQUIRED TO AGREE TO YOUR REQUEST. PLEASE SEE OUR NOTICE OF PRIVACY PRACTICES FOR MORE INFORMATION REGARDING SUCH REQUESTS. IF WE ARE UNABLE TO APPROVE YOUR REQUEST, WE RESERVE THE RIGHT TO REPLY WITHIN 30 DAYS.

Patient Name: _____ Date of Birth: _____

Patient Address: _____ Street _____ Chart #: _____
_____ City, State Zip _____ Phone: _____

Type of Protected Health Information (PHI) to be restricted: (Please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Home phone # / Home address | <input type="checkbox"/> Patient history |
| <input type="checkbox"/> Office phone # / Office address | <input type="checkbox"/> Visit notes |
| <input type="checkbox"/> Occupation / Name of employer | <input type="checkbox"/> Hospital notes |
| <input type="checkbox"/> Spouse name | <input type="checkbox"/> Prescription Information |
| <input type="checkbox"/> Spouse office phone # | <input type="checkbox"/> All Information *(see below) |
| <input type="checkbox"/> Other _____ | |

How would you like your Protected Health Information (PHI) restricted?

*** IMPORTANT:** Information will only be restricted from parties not involved in the provision of, payment for, or healthcare operations of your child's care. It will be necessary for us to continue to release information to your insurance company and/or other healthcare providers. If you have any concerns about this, please call our Compliance Officer directly at 954-965-7353.

Signature of Patient or Legal Guardian

Printed Name of Parent/Guardian

Date

FOR INTERNAL PURPOSES ONLY: Name & Title of Staff Receiving Form _____	
Date Staff Received Form: _____	Date Compliance Officer Received Form: _____
Approval Status: <input type="checkbox"/> Approved as requested <input type="checkbox"/> Denied & Notified Date: _____ Method: _____	
<input type="checkbox"/> Approved with modification: _____	Compliance Officer Initials: _____