



PERINATAL ASSOCIATES OF NEW MEXICO, LTD

REQUEST FOR LIMITATIONS AND RESTRICTIONS OF PROTECTED HEALTH INFORMATION

PATIENT PLEASE NOTE: PERINATAL ASSOCIATES OF NEW MEXICO, LTD IS NOT REQUIRED TO AGREE TO YOUR REQUEST. PERINATAL ASSOCIATES OF NEW MEXICO, LTD DOES NOT ACCEPT ANY REQUESTS TO RESTRICT PERINATAL ASSOCIATES OF NEW MEXICO, LTD FROM SENDING RECORDS TO REFERRING PHYSICIANS, ANY HEALTH CARE PROVIDER, HOSPITAL, INSURANCE COMPANY, IN CASE OF AN EMERGENCY, OR TO ESTABLISH CARE. PLEASE SEE OUR NOTICE OF PRIVACY PRACTICES FOR MORE INFORMATION REGARDING SUCH REQUESTS.

Patient Name: _____ Date of Birth: _____

Patient Address: _____

Street

Apartment #

City, State, Zip

Type of PHI to be restricted or limited: (Please check all that apply)

- Home Phone, Home Address, Occupation, Name of Employer, Visit Notes, Hospital Notes, Prescription Information, Patient History, Office Address, Office Phone #, Spouse's Name, Spouse's Office Phone #, Other

How would you like the use and (or disclosure of) your PHI restricted?

Signature of Patient or Legal Guardian

Date

Office use only

Restrictions: Accepted or Declined

Employee Signature _____