

Perinatal Associates of NEW MEXICO



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.

PATIENTS NAME _____ **DOB** _____
ADDRESS _____
CITY _____ **STATE** _____ **ZIP** _____

TYPE OF PHI (PROTECTED HEALTH INFORMATION) TO BE RESTRICTED OR LIMITED: (please check all that apply)

- | | |
|---------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Home Phone | <input type="checkbox"/> Patient History |
| <input type="checkbox"/> Home Address | <input type="checkbox"/> Office Address |
| <input type="checkbox"/> Occupation | <input type="checkbox"/> Office Phone # |
| <input type="checkbox"/> Name of Employer | <input type="checkbox"/> Spouse's Name |
| <input type="checkbox"/> Visit Notes | <input type="checkbox"/> Spouse's Office Phone # |
| <input type="checkbox"/> Hospital Notes | <input type="checkbox"/> Other |
| <input type="checkbox"/> Prescription Information | |

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

SIGNATURE OF PATIENT/GUARDIAN _____ **DATE** _____

Office Use Only:

RESTRICTIONS: ACCEPTED DECLINED

EMPLOYEE SIGNATURE _____