Powell Valley Healthcare
Compassionate Quality Care

REQUEST TO RESTRICT ACCESS TO PROTECTED HEALTH INFORMATION

Patient Name_____Birthdate:_____MR#_____

Address:_____

Home Phone:_____ Work Phone:_____

Please explain the restriction desired:

_____

_____

Please explain the reason for restriction request

_____

_____

_____

Signature of Patient Or Representative_____ Authority or Relationship To Patient_____

Date Signed_____

Date Received_____ Restriction has been: Accepted [ ] Denied [ ]

If denied, the reason for denial is:

_____

_____

_____

_____ _____

Signature of Privacy Officer Date

Revised 06/2012

777 Avenue H ✸ Powell, WY 82435 ✸ Phone (307) 754-2267 or 1-800-428-1398 ✸ Fax (307) 754-3176 ✸ www.pvhc.org

Powell Valley Hospital Powell Valley Care Center Powell Valley Clinic Powell Valley Home Care

Powell Valley Hospice Express Care The Heartland Practice Management Associates