FLORIDA SPECIALISTS IN UROLOGY

STEVEN H. PALETSKY, M.D. HARRY TSAI, M.D.

REQUEST FOR RESTRICTIONS OF PROTECTED MEDICAL INFORMATION IN COMPLIANCE WITH HPPA

PATIENTS, PLEASE NOTE: THE PRACTICE IS NOT REQUIRED TO AGREE TO YOUR REQUEST. PLEASE SEE OUR NOTICE OF PRIVACY PRACTICES FOR MORE INFORMATION REGARDING SUCH REQUEST.

PATIENT NAME:______________________________ DATE__________

PATIENT ADDRESS____

CITY______________________________ STATE________ ZIP______

IF COPIES OF YOUR MEDICAL RECORDS ARE REQUESTED, PLEASE CHECK ALL THAT APPLIES TO BE RELEASED:

HOME PHONE#______________
HOME ADDRESS______________
OCCUPATION______________
NAME OF EMPLOYER__________
VISIT NOTE______________
HOSPITAL NOTE______________
PRESCRIPTION INFO__________

PATIENT HISTORY__________
OFFICE ADDRESS__________
OFFICE PHONE#__________
SPOUSE'S NAME__________
SPOUSE'S OFFICE PHONE#____
OTHER______________

NAMES OF PERSONS YOU WOULD LIKE TO GET INFORMATION: IE; OTHER DOCTORS; OR FAMILY MEMBERS. IF YOU CHOOSE TO NOT ALLOW COPIES TO BE GIVEN TO ANYONE PLEASE WRITE "NONE"

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SIGN:____________________________ DATE______________

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