



**GARNER RHEUMATOLOGY
& INFUSION CENTER**

810 Timber Drive, Garner, NC 27529 • Tel 919-747-9040 • Fax 1-866-837-8477
www.garnerrheumatology.com

RESTRICTION OF USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

I, _____, request that Garner Rheumatology and Infusion Center, PLLC (“**Practice**”) restricts the use or disclosure of my health information for payment or health care operations in the manner described here (please be specific):

I understand that Practice is not required by law to accept my requested restrictions, but if the practice does, Practice agrees to abide by the restrictions except in emergency situations or where disclosure is required by law. I understand that either I or Practice may terminate this restriction in writing at any time in the future.

Patient Signature: _____ Date: _____ DOB: _____

Patient Printed Name: _____

Privacy Officer Comments:
<input type="checkbox"/> Request Accepted <input type="checkbox"/> Request Rejected
Reason:
<input type="checkbox"/> Patient Contacted