



Restriction Request Form

Please Review Prior to Completing: Please see the bulleted content below to know more about what circumstances are applicable for this form's use to limit or restrict protected health information (PHI) from being disclosed.

Patient Name: _____
Last First MI Maiden or Other Name

Date of Birth: _____ **Medical Record Number:** _____ **Phone:** _____

Address: _____ **City:** _____ **St:** ___ **Zip:** _____

Facility Visited: _____

- We are not required to agree to this restriction request, unless it is restricting disclosure of your PHI to a health plan or carrier for treatment or services for which **you have paid in full**. We may remove the restriction if your payment is not honored.
- We may voluntarily agree to other requests for restrictions. Any restrictions to which we have voluntarily agreed may be terminated by informing you of the termination.
- This restriction will not apply to any disclosures of PHI which occurred prior to implementation of this request.
- Restrictions will not apply when the restricted information is needed for emergency treatment.
- **Restrictions cannot apply to workers' compensation.**
- You may request termination of a previous restriction at any time.

I am requesting that Concentra®:

Place a restriction Remove a previous restriction on the use or disclosure of my protected health information (PHI):

Restricted Information: _____

Date of Service: _____

Individual/Entity to Whom PHI Should Not Be Disclosed: _____

Other: _____

Signature of Patient Date **Or** Parent/Legal Guardian/Authorized Person Date

Relationship to Patient

For the most efficient processing

Please submit the completed form directly to the Concentra medical center where you received services. Our Location Finder tool on Concentra.com has contact information (phone number, fax number, mailing address) for Concentra medical centers.

You may also submit your request to the Concentra Privacy Office:

- By mail: Concentra Privacy Office, 4714 Gettysburg Road, Mechanicsburg, PA 17055
- By fax: 214-775-4408
- By email: privacyoffice@concentra.com

FOR INTERNAL USE ONLY

Facility: Refer to applicable internal procedure. Contact Concentra [Privacy](#) Office with questions.

Notice of Decision

We have accepted the restriction(s) you have requested above.

We have accepted only the following portion of the restriction(s) you have requested above: _____

We are unable to accept the restriction(s) you have requested above.

We are informing you that the above restrictions are being terminated. _____

Termination of the restriction you have requested has been completed. _____
Date
Date

Leadership Colleague Addressing This Matter Title Phone Date