RUTGERS
BIOMEDICAL AND HEALTH SCIENCES

ATTACHMENT "E"

REQUEST FOR RESTRICTION OF HEALTH INFORMATION

PATIENT OR LEGAL REPRESENTATIVE MUST COMPLETE ITEMS 1 - 13

1. Today's Date

2. Patient's Name

3. Patient's Date of Birth

4. Patient's Medical Record Number (if known)

5. Patient's Social Security Number

6. Describe the information you are requesting to restrict: _____

_____

7. Date(s) of the information you are requesting to restrict: _____

8. What is the reason for this request? _____

_____

9. Is the information you are requesting to restrict (select all that apply):

- ☐ **INCORRECT**
- ☐ **INCOMPLETE**
- ☐ **OUTDATED**?
- ☐ **OTHER** _____

10. Signature of Patient or Legal Representative

11. Date

12. Printed Name of Patient's Legal Representative

13. Relationship to Patient

DO NOT WRITE BELOW THIS LINE

HEALTHCARE ORGANIZATION MUST COMPLETE ALL ITEMS BELOW

The restriction has been: ☐ **Accepted** ☐ **Denied**

If denied, indicate reason for denial: _____

_____

Signature of Authorized Individual

Date

Printed Name of Authorized Individual