



Walgreens Privacy Office, 200 Wilmot Road, MS 9000, Deerfield, Illinois 60015
Phone: (847) 236-6518 Fax: (847) 236-0862

REQUEST RESTRICTIONS ON PHI USE AND DISCLOSURE

Request

I understand that Walgreens may use and disclose protected health information about me for purposes of treatment, payment and operations. I request that Walgreens restrict the use and disclosure of protected health information about me as described below. I understand that Walgreens is not required to agree to this restriction. I understand that if Walgreens agrees to this restriction, either Walgreens or I may terminate this restriction at any time. The termination of the restriction is only effective for future uses and disclosures.

I understand that if protected health information must be used or disclosed to provide emergency treatment for me, then this restriction is void.

Information:

Patient Name: _____
Date of Birth: _____
Street Address: _____
City, State, Zip _____
Telephone Number: () _____ E-mail Address: _____

Questionnaire

Please complete all of the following questions. If the question is not applicable, mark N/A on the answer line.

I request the following information be restricted [*description of information*]:

I request that use and disclosure of the above described information be restricted in the following manner [*description of restriction*]:

I request that my protected health information not be disclosed to the following individuals or entities [*list individuals or entities to which information should not be disclosed*]:

Signature

I understand that if a restriction is not specifically listed above and agreed to in writing by Walgreens, it will not be effective.

Signature: _____ Date: _____

If signed by the patient's personal representative, explain authority to act on behalf of the patient:

Note: If you are signing this form as the legal representative of the individual listed above, and are other than the parent of the minor child whose information is listed above, you must also submit documentation that establishes yourself as the legal representative. For example, a copy of a Power of Attorney that includes provisions to obtain medical information, etc.

Mail this completed and signed form to: Walgreens Privacy Office, 200 Wilmot Road, MS 9000, Deerfield, Illinois 60015; Phone: (847) 236-6518; Fax: (847) 236-0862.