

---

# DANVILLE FIRE DEPARTMENT

## PATIENT REQUEST FOR RESTRICTION

Danville Fire Department and Center Township / Danville

Ambulance Service

Patient Request for Restriction Form

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

*Patient Rights:* As a patient, you have the right to request restrictions to the uses and disclosures of your PHI. **Danville Fire Department and Center Township / Danville Ambulance Service is not required to agree to any restrictions requested by the patient, however any restrictions agreed to by Danville Fire Department and Center Township / Danville Ambulance Service are binding on Danville Fire Department and Center Township / Danville Ambulance Service.**

Please indicate your request for restricted uses and disclosures of your PHI.

*Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

FOR AMBULANCE SERVICE USE ONLY:

DATE RECIEVED \_\_\_\_\_

REQUEST ACCEPTED \_\_\_\_\_

REQUEST DENIED \_\_\_\_\_

DATE \_\_\_\_\_

REVIEWING OFFICIAL \_\_\_\_\_

NOTICE TO PT \_\_\_\_\_

COMMENTS: \_\_\_\_\_

---