



## Patient Request for Restrictions Form

Patient's Name: \_\_\_\_\_  
Last First Middle

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

Home Phone: \_\_\_\_\_

I hereby ask that Einstein Healthcare Network accommodate the following requests. Because I may have different records in different parts of Einstein Healthcare Network, I understand that I must make this request at each site where I receive services. **(Check each request below.)**

Please do not send appointment reminders to me.

Please do not provide health information about me to the following individuals:

\_\_\_\_\_  
\_\_\_\_\_

Please use the following address for all correspondence addressed to me:

\_\_\_\_\_

Please use the following telephone number to leave messages for me:

\_\_\_\_\_

Please leave detailed messages for me on my answering machine.

Please do not leave messages for me on my answering machine.

Other – please describe:

\_\_\_\_\_

\_\_\_\_\_  
Signature of Patient (or Personal Representative)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Patient

### For Internal Use Only:

The Patient's Request(s)  Will be accommodated at this facility.  Cannot be accommodated at this facility.

Other: \_\_\_\_\_