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REQUEST FOR LIMITATIONS AND RESTRICTIONS OF HEALTH INFORMATION

Which methods of communication may we use to contact you?

- Home phone – leave message to return call *without* details
- Home phone – leave message *with* details
- Work phone – leave message to return call *without* details
- Work phone – leave message *with* details
- Cell phone – leave message to return call *without* details
- Cell phone – leave message *with* details
- Letter *with* details
- E-mail *with* details

With whom do you authorize us to discuss your health information?

_____	_____	_____
NAME	RELATIONSHIP TO PATIENT	Contact Number
_____	_____	_____
NAME	RELATIONSHIP TO PATIENT	Contact Number
_____	_____	_____
NAME	RELATIONSHIP TO PATIENT	Contact Number
_____	_____	_____
NAME	RELATIONSHIP TO PATIENT	Contact Number

SIGNATURE OF PATIENT / LEGAL GUARDIAN / LEGAL REPRESENTATIVE DATE'

NAME OF LEGAL GUARDIAN / LEGAL REPRESENTATIVE (*Please Print*) RELATIONSHIP TO PATIENT