



Request for Restriction of Use and/or Disclosure

This form only needs to be completed if you would like to request a specific, additional restriction to the way that New Leaf Resources uses your Protected Health Information. You may request a copy of this form at any time if you would like to request a restriction at a later date.

I understand that I have the right to request restrictions on the ways that New Leaf Resources communicates with me. For example, I might request that all bills be mailed to a certain post office box rather than to my home, or that New Leaf Resources does not contact me at a work phone number. I further understand that New Leaf Resources **must** honor that request if the alternate method of communication is reasonable. New Leaf Resources may not ask me why I want the alternate method of communication.

I understand that I have the right to object to the use and/or disclosure of my individually identifiable health information to family members.

I understand that New Leaf Resources may not agree to my request for a restriction, but that if it does, it must then comply with my request until I revoke it, or it notifies me that it will no longer be able to comply.

I object to uses and disclosures as follows:

*Please attach a separate page if you need more space.

I understand that I may edit, add to, or remove this restriction at any time, by notifying New Leaf Resources in writing, at any time.

Printed Name of Requesting Client (or parent of minor client)

Date of Birth

Signature of Requesting Client (or parent of minor client)

Date

OFFICE USE ONLY: By signing below, a representative of New Leaf Resources indicates whether or not it agrees to comply with this request.

Will Comply

Date

Will Not Comply

Date