

**BEACON ORTHOPAEDICS & SPORTS MEDICINE  
BEACON ORTHOPAEDICS SURGERY CENTER, LLC**

**REQUEST TO RESTRICT HEALTH INFORMATION**

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Dear Patient:

As outlined in our Notice of Privacy Practices for Protected Health Information you have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If a physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If your physician does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment, to provide you with rights to your records, to provide information for facility directories, and to make limited disclosures where the law does not require your authorization. With this in mind, please discuss any restriction you wish to request with your physician. You may request a restriction by completing the information below and submitting this form to our Privacy Contact.

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Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

**Please outline in detail any restriction you are requesting:**

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please contact our Privacy Contact if you have any questions about access to your medical records.

For Office Use Only
Request granted or denied: _____ By Whom: _____
If denied, why? _____ Date: _____