



Pharmacy Form Request for Restrictions

What is the Purpose of this Request?

You have a right to request that Wal-Mart, SAM'S Club, and Neighborhood Market Pharmacies (collectively "Pharmacy") restrict uses and disclosures of your Health Information contained in a designated record set held by the Pharmacy. In completing this form, you are requesting the following restrictions on the Pharmacy's use and disclosure of your protected health information. If we agree to your request, we will be bound by your restrictions. You will be notified in writing of the Pharmacy's decision to accept or deny your restriction request. Until a decision is reached, your request for restriction will not be honored.

Section 1: Patient Information

Patient Name:		Date of Birth:	
Address:			
City:	State:	Zip:	Phone:

Section 2: Requested Restrictions

(a) Describe the Restriction(s) you would like made (be specific, attach additional pages if needed):

(b) Why is this restriction appropriate or necessary:

Section 3: Signature and Date

(a) I understand that if this Restriction Request is granted, it does not apply to Protected Health Information that has already been used or released prior to the receipt of this request.

(b) I understand that if my Restriction Request is granted, it will continue until the agreement is terminated. If I wish to terminate this Restriction Request, I must do so in writing. If the Pharmacy terminates this Restriction Request, the termination will only be effective with respect to health information created or received by the Pharmacy after the Pharmacy notifies me of the termination.

Signature of Patient or Personal Representative

Today's Date

If you have signed this form as a legally authorized representative of the Patient, please print your name and relationship to the Patient below.

Name of Personal Representative (please print)

Relationship to Patient (parent, legal guardian, etc.)

Please check (✓) this box if you would like to receive a copy of this form after you have signed it.

For Office Use Only

Request Status: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	_____ Date	_____ RPh Initials
Reason: _____		