

NEUROSURGICAL CONSULTANTS, INC.
Protected Health Care Restriction
and
Alternate Confidential Communications
Request Form

You have the right to request a restriction of your protected health information. You also have the right to alternate confidential communications. These rights are outlined in our privacy policy, available in our office or on this web site. To review the privacy policy, click on [privacy policy](#).

This form is available so that you can exercise certain rights outlined in our privacy policy.

Please type or print legibly and list your health care information restriction requests or your alternate confidential communications requests:

Signature of Patient or Personal Representative

Printed Name of Patient or Personal Representative

Date

Description of Personal Representative's Authority