## Anil Tibrewal, M.D.

## **Texas Minimally Invasive Surgery Center, PA**

2727 Bolton Boone Drive, Suite 108
Desoto, TX 75115
Office (972) 298-4622 Fax (972) 298-4633

REQUEST FOR RESTRICTION OF INFORMATION

## Disclosure of Healthcare Information

Texas Minimally Invasive Surgery Center, PA (TMISC) Notice of Privacy Practices provides information about how TMISC may use and disclose protected health information about you. A copy of the current Notices will be distributed to you by a Registration Representative. The notices contain on the first page, in the top right hand corner, the effective date. As provided in the Notices, the terms of the Notices may change.

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement.

## My Presence and Condition

I (do) (do not) request to be classified as a "no information" patient. I understand that I will be responsible for informing those people of my presence in TMISC, of my location, and telephone number in TMISC. Further, I understand that TMISC is not responsible for any disclosures regarding my presence in TMISC that are made by people that I inform of my presence in TMISC.

I understand that if TMISC agrees to classify me as a "No Information Patient", this restriction will have no impact on TMISC's right to disclose and use my protected health information for purposes of treatment, payment and health care operations.

Under some conditions TMISC may find it necessary to impose the "No Information Status" on patients because the law demands it or for patient safety and the safety of the staff. If this status is deemed necessary, this status places a special responsibility to maintain confidentiality on you, the patient, your family or others who may be aware of the treatment. Failure to cooperate may require TMISC to revoke the status.

A copy of TMISC Privacy N	otice has been	provided.	
By signing below you acknowledge this	request and agre	e to help us maintain this sta	tus until further notice,
Signature (and relationship if not patient)	)	Witness	Date
Implemented by:	Date:	Revoked by:	Date:
Signature of Supervisor		Signature of Supervisor	