



Allegheny County
Department of Human Services
One Smithfield Street
Pittsburgh, PA 15222
1-800-862-6783
412-350-5891 (fax)

Restriction Request Form

Request for restrictions on the use and disclosure of protected health information

Client's Name: _____ Birth date: _____

Client ID number (if known): _____

Client's address: _____

How would you like the use and disclosure of your protected health information restricted?
Explain.

Signature of individual or personal representative

Name: _____ Date: _____

FOR DEPARTMENT USE ONLY:

Date received: _____ Restriction has been: Accepted Denied

If accepted, type of restriction. Explain

If denied, explain why:
