

Status Change for Confidential Verbal Communication and Restriction Request

****THIS IS ONLY TO BE USED TO UPDATE AN EXSISTING REQUEST FOR VERBAL COMMUNICATION AND RESTRICTION REQUEST****

This form is to cancel my previously submitted request for Confidential Communication/Restriction of my Protected Health Information (PHI). I understand that by signing and submitting this election form, I acknowledge that I am requesting Facey Medical Group to remove any previous requests for any Confidential Communications and or Restrictions that I previously selected.

Patient Name: _____ **DOB:** _____

Name	Relationship	Phone#	Circle: Add or Remove
1. _____			Add Remove
2. _____			Add Remove
3. _____			Add Remove

Primary Medical Record Patient Signature: _____ Date: _____
(Patient/Parent/ Legal Representative) **(Proof of Legal Documentation is required if not signed by patient)**

Mental Health Record Patient Signature: _____ Date: _____
(Patient/Parent/ Legal Representative) **(Proof of Legal Documentation is required if not signed by patient)**

For Office Use Only

Facey Medical Foundation: _____ **Date:** _____
(Official Confirming Signature)