

Traveler's Health and Immunization Center
7900 N. Milwaukee Ave., Suite 231
Niles, Illinois 60714
www.travelmed.net

Requests for Limitations and Restrictions of Protected Health Information:

PLEASE NOTE: Traveler's Health and Immunization Center, S.C. is not required to agree to your request. Please refer to our **Notice of Privacy Practices** for more information regarding such requests.

Patient Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

PLEASE INITIAL ONE OF THE FOLLOWING OPTIONS:

_____ I do not request any restrictions to my Protected Health Information.

_____ I would like to restrict my Protected Health Information as follows:

Name of patient or legal guardian

Date

Signature of patient or legal guardian

Relationship to patient