



# Florham Park Memorial First Aid Squad REQUEST TO RESTRICT PROTECTED HEALTH INFORMATION (PHI)

When complete please send to [Compliance@fpfirstaid.org](mailto:Compliance@fpfirstaid.org) or

60 Felch Road  
Florham Park NJ 07932

## HIPAA Restriction Request Form

Use this form to request restrictions on Florham Park Memorial First Aid Squads use or disclosure of your Protected Health Information (PHI) for treatment, payment, or health care operations purposes as well as for a disclosure of your PHI to a family member, relative or others involved in your care. This form can also be used to terminate a previously granted request for restriction. You must complete all the fields on this form.

If you need assistance in completing this form, or with a change of address please contact [Compliance@fpfirstaid.org](mailto:Compliance@fpfirstaid.org).  
WHEN COMPLETED AND SIGNED PLEASE EMAIL OR MAIL TO:

60 Felch Road  
Florham Park, NJ 07932  
[Compliance@fpfirstaid.org](mailto:Compliance@fpfirstaid.org)

If this form used to terminate a previously approved request for restrictions explain details in section B with original date to terminate previous request:

<b>Restriction Request or Termination</b>		
<b>Section A: The individual for whom restriction is being requested. Please complete the following:</b>		
Name		
Social Security Number		
Date of Birth		
Address		
City	State	ZIP
Telephone Number		
E-mail Address		
<b>Section B: Please specify your Protected Health Information (PHI) that you want restricted:</b>		
Please indicate how you would like to restrict the use and disclosure of your PHI?		
I request that Florham Park Memorial First restrict the use or disclosure of my PHI as specified in Section B. I understand that Florham Park Memorial First Aid Squad is under no obligation to agree to my request. I understand that I will be notified in writing of the determination regarding my request. I understand that if I am signing on behalf of a minor child, this request will expire when the child reaches 18 years old, unless there is proof of legal guardianship.		
Signature:		Date
If you are signing as a Power of Attorney, Legal Guardian, Executor, or Administrator, attach a copy of the legal documents.		
Representative's Name		
Relationship to Individual		
Address		
City	State	ZIP
Telephone Number		
E-mail Address		