SETH W. WHARTON, M.D.
NEUROLOGY
DIPLOMATE AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY

7 WELLS STREET, SUITE 203
SARATOGA SPRINGS, NEW YORK 12866

TELEPHONE: (518) 587-7560
FAX: (518) 587-1220

SETH W. WHARTON, MD

REQUEST FOR LIMITATIONS AND RESTRICTIONS OF PROTECTED HEALTH INFORMATION

PLEASE NOTE: THE PRACTICE IS NOT REQUIRED TO AGREE TO YOUR REQUEST. PLEASE SEE OUR NOTICE OF PRIVACY PRACTICES FOR MORE INFORMATION REGARDING SUCH REQUESTS.

Patient Name:________________________ Date of Birth:____________

Patient Address:____
(Street)

____
(City, State, Zip)

Can we leave an appointment message

On Answering Machine (Home) ___YES ___NO
On Voice Mail (Cell) ___YES ___NO
On Voice Mail (Work) ___YES ___NO
With another person ___YES ___NO
Can we send an appointment postcard? ___YES ___NO
Can we send you an email appointment reminder? ___YES ___NO
If YES, please provide Email Address: _______________________________________

Who would you like to have your Protected Health Information?

Name/Relationship	Phone #	Cell #	Is this person an emergency contact?
___________________________________	(____)___________	(____)____________	Y or N
___________________________________	(____)___________	(____)____________	Y or N
___________________________________	(____)___________	(____)____________	Y or N
___________________________________	(____)___________	(____)____________	Y or N
___________________________________	(____)___________	(____)____________	Y or N