

FINGER LAKES WOMEN'S HEALTH, LLC

OBSTETRICS AND GYNECOLOGY

SUSAN E. DANTONI, MD FACOG
HEATHER B. FLORESCUE, MD

LESLIE E. PURNELL, MD FACOG
MAUREEN R. SLATTERY, MD

JAIME J. ERSKINE, RPA-C
HEIDI L. ZIELINSKI, CNM

90 OFFICE PARK WAY
PITTSFORD, NEW YORK 14534
585-586-3640 FAX: 585-586-3796

4 COULTER ROAD
CLIFTON SPRINGS, NEW YORK 14432
315-462-5499 FAX: 315-462-5490

Request for Limitations and Restrictions of Protected Health Information

Patient Name: _____ Date of Birth: _____

Patient Address: _____
Street Apartment #

City, State Zip

Please Circle yes or no for the following questions:

Are we able to leave appointment information on an answering machine or with a family member?

YES NO

Are we able to send information to your home address?

YES NO

Are we able to contact you at work if necessary?

YES NO Work#(_____)_____

Are we able to share your medical records with other doctors (such as specialists) in regards to your patient care?

YES NO

List names of family or friends that we can discuss your medical information with, **or put "none"**:

What may be discussed with them? Please circle what we may discuss:

Appointments Visit notes Hospital notes Patient history Prescription information

I have been given access to a copy of FLWH's HIPPA privacy policy.

Signature of Patient

Date