

REQUEST TO RESTRICT DISCLOSURE OF PERSONAL HEALTH INFORMATION

I, _____, am paying for services out-of-pocket and in full and would like to restrict the disclosure of my personal health information to my insurance company. I understand that if I stop paying for services out-of-pocket and in full that Donovan Wong, MD has the right to disclose my personal health information to my insurance company.

Patient's Signature _____

Date _____