



MICHAEL H. BERTINO, M.D.      G. PAUL LAURSEN, M.D., D.D.S., F.A.C.S.      HARRY SCHILLING, M.D., F.A.C.S.  
 STEPHEN J. TALLEY, M.D., F.A.C.S.      GILBERT M. RUIZ, M.D., F.A.C.S.      ROBERT P. SPEARS, M.D., F.A.C.S.  
 DIANA H. HENDERSON, M.D.      PATRICK N. BROWN, M.D.      DEVANG P. DESAI, M.D., F.A.C.S.      DANIEL J. FLEMING, M.D.

**SAN ANTONIO HEAD & NECK SURGICAL ASSOCIATES, P.A. DBA  
 Ear, Nose & Throat Clinics of San Antonio, P.A.**

**Patient's Request: Limitation on Use or  
 Disclosure of Protected Health Information**

Notice to Patients: The applicable federal and state laws governing the use or disclosure of Protected Health Information do not require that we abide by your request to limit the use or disclosure of your health information. We are, however, required to abide by your reasonable request to receive communications regarding your Protected Health Information by alternative means or at an alternative location. We respectfully refer you to our Notice of Privacy Practices for complete information, including our established methods of communication with our patients.

Name of Patient (and Accompanying Representative):

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Patient's Address and Telephone Number:

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Do you wish us to communicate with you other than by mail or telephone?      Yes       No   
 If so, how shall we reach you?

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If you are asking that we limit the use or disclosure of your Protected Health Information, please explain how you would like us to limit that use or disclosure. Please note: Federal law does not allow us to ask you to explain why you are making this request.

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Signature of Patient

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Date

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