



Children's  
of Alabama

**CHILDREN'S OF ALABAMA (COA)  
REQUEST FOR RESTRICTION OF  
PROTECTED HEALTH INFORMATION**

<b>Patient Name: (Please print)</b>		<b>Request Date:</b>	
<b>Street Address</b>		<b>Birth Date:</b>	
<b>City/State/Zip:</b>		<b>Phone Number:</b>	

**Request for Restriction**

<b>Please describe whose access is restricted:</b>	
<b>Dates Requested For Restriction:</b>	I request a restriction for my child's records with the following dates:  From: _____ To: _____
<b>Please describe what information you are requesting to restrict.</b>	

I represent that I am the parent/legal guardian of the patient and have the authority to request this restriction. I understand that COA may not be able to accept this request if prohibited by law.

Parent/Legal Guardian Name: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Signature if 19 or older: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* RETURN FORM TO THE COA PRIVACY OFFICER \*\***

Mailing Address: COA Privacy Officer, Children's of Alabama, 1600 7<sup>th</sup> Avenue South, Birmingham, AL 35233

Fax: (205) 638-2468

Email: HIPAA@ChildrensAL.org

Phone for Questions: (205) 638-5959