

**You may request that the County restrict the use and disclosure of your records.
 We will do our best to accommodate all reasonable requests.**

CLIENT'S INFORMATION

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:
CASE NUMBER:	SSN:	DATE OF BIRTH:

HOW DO WE REACH YOU?

PHONE NUMBER:	ADDRESS:	CITY/STATE:	ZIP CODE:
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IF YOU ARE NOT THE CLIENT:

PRINT YOUR NAME:	INDICATE YOUR RELATIONSHIP TO CLIENT:
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RESTRICTION REQUEST

The County is not required to grant restrictions and cannot grant any restrictions that would violate the law. The County may also disregard any agreed-upon restriction without your approval for the purpose of emergency treatment.

WHAT RESTRICTIONS ARE YOU SEEKING?

SIGNATURE

SIGNATURE:	DATE:
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