



1345 W. 9<sup>th</sup> Avenue  
Anchorage, AK. 99501  
(907) 272-2557  
(907) 274-4932 (fax)

1700 E. Parks Hwy.  
Wasilla, AK. 99654  
(907) 376-5266  
(907) 373-1884 (fax)

**[Request To Restrict Uses And Disclosures Of Health Information](#)**

- You have the right to ask Alaska Eye Care Centers, APC to restrict the way Alaska Eye Care Centers, APC uses and shares your personal health information for its treatment, payment and health care operations purposes.
- Alaska Eye Care Centers, APC is not required to agree to your request for a restriction, but will do its best to accommodate all reasonable requests.
- You can agree in writing to withdraw your request for a restriction at any time. Alaska Eye Care Centers, APC can terminate the agreement to restrict how it uses or shares your personal health information if we tell you we are terminating the agreement. The agreement to terminate the restriction is effective only about your personal health information that Alaska Eye Care Centers, APC creates or receives after the date Alaska Eye Care Centers, APC tells you that the agreement has been terminated.

My Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number (Home): ( ) \_\_\_\_\_ Phone Number (Work): ( ) \_\_\_\_\_

Phone Number (Cell): ( ) \_\_\_\_\_

**I, request that Alaska Eye Care Centers, APC restrict the ways it uses or shares my personal health information in this way:**

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

**Send this Personal Representative Designation or Revocation to:**

HIPAA OFFICER

Alaska Eye Care Centers, APC

1345 W. 9<sup>th</sup> Avenue

Anchorage, AK. 99501

(907) 272-2557 (Main)

(800) 478-2557 (Toll Free)

(907) 274-4932 (Fax)

*If you have any questions, contact the HIPAA Office at the address above.*