



Request for Restrictions Regarding the Use/Disclosure of Personal Information

Please Send Completed Form To:

NeoGenomics Laboratories, Attn: Compliance Department, 12701 Commonwealth Dr., Suite 9, Fort Myers, FL 33913
Fax # (844) 890-9650; compliance@neogenomics.com

Personal Information:			
Name:		Patients ID / Account# (NEO Use):	
Address:		City:	State: Zip Code:
Social Security Number: - -	Phone Number: ()	Date of Birth: MM ____ /DD ____ /YYYY ____	

You have the right to request restrictions on the ways in which NeoGenomics uses and discloses your personal information. NeoGenomics will carefully consider your request, but is not required to agree to it. If NeoGenomics agrees to your request, your information may still be shared during a medical emergency or as required by federal and state laws.

If you are requesting a restriction on the disclosures to your health plan for services you have paid for out-of-pocket, the balance for those services must be paid in full at the time of your request. If they are not, NeoGenomics is not required to honor the restriction.

<p>I Am Requesting The Following Restriction(s):</p> <p><input type="checkbox"/> Restriction on disclosure to a person or entity (name of person or entity):</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Other (<i>please specify</i>)</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Restriction on disclosure to health plan related to services for which I paid in full out-of-pocket: (<i>specify type of service and date</i>):</p> <p>_____</p> <p>_____</p> <p>_____</p>
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If you checked "Other", NeoGenomics will review your request and provide you with a written response. Depending upon the nature of your request it could take several days to receive a response. Until your request has been accepted, NeoGenomics will use and disclose your personal information in a manner consistent with our Notice of Privacy Practices and applicable law.



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I understand that I or NeoGenomics may terminate this restriction at any time in the future. If NeoGenomics decides to terminate an accepted restriction, I will be notified before termination.

Individual or Personal Representative Signature:	Date:
Print Individual/ Personal Representative Name:	Relationship to Individual:

*****PLEASE INCLUDE A COPY OF A GOVERNEMENT ISSUED IDENTIFICATION (DRIVER'S LICENSE, ID CARD) FOR SIGNATURE VERIFICATION*****

IF A PERSON, OTHER THAN THE OWNER OF THE PERSONAL INFORMATION IS SIGNING, A COPY OF LEGAL PAPERWORK VERIFYING THE VALIDITY OF THE INDIVIDUAL'S PERSONAL REPRESENTATIVE MUST ACCOMPANY THIS REQUEST

FOR NEOGENOMICS ONLY:

Date Request Received:	Date Notification Sent To Individual Or Personal Representative:
<input type="checkbox"/> Request Accepted <input type="checkbox"/> Restriction Updated In Applicable Systems	<input type="checkbox"/> Request Denied Reason For Denial:
NeoGenomics Representative Name/Signature:	Date: