

THE PROCTER & GAMBLE COMPANY
REQUEST FOR RESTRICTIONS ON USE &
DISCLOSURE/CONFIDENTIAL COMMUNICATIONS FORM

Name of Individual: _____

Date: _____

I am requesting that use and access to my Protected Health Information (“PHI”) be restricted in the following manner:

Disclosure of all or part of the information to which this request pertains could endanger me. Therefore, I am requesting that communication involving PHI be provided to me in the following manner or at the following alternative address:

Signature of Individual Requesting Restriction:_____

Signature of Personal Representative acting on behalf of the Individual, if the Individual is not making the Request for Restriction: _____

PLEASE DIRECT REQUESTS FOR RESTRICTIONS ON USE
AND DISCLOSURE/CONFIDENTIAL COMMUNICATIONS
OR QUESTIONS REGARDING THIS FORM TO:

Band III Director, NA Health & Wellness, My P&G Services & US Benefits Delivery
2 P&G Plaza GO TE3 Cincinnati OH 45201

If related to South Boston On-Site Medical Plan: to the Band III Director Boston Site Medical
Leader

OSMP Manager, South Boston Medical Plan, The Gillette Company, One Gillette Park, Mail Stop
1Y9 South Boston, MA 02127