



**Request for Restrictions**  
*Effective date of this notice: 05/01/2024*

**Individual Name:** \_\_\_\_\_  
**Individual Address** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_  
**SSN or ID No:** \_\_\_\_\_  
**Specimen Identification No:** \_\_\_\_\_

Please consider this a request for the exercise of my rights under applicable federal and state laws to request restrictions upon my Personal Information (PI).

Please explain below how, specifically, you want the **USE** of your PI restricted.  
(Use is how CRL may use your information.)

Describe the PI you want restricted.

What restrictions do you want applied?

Who is restricted from accessing this PI?

Please explain below how, specifically, you want **DISCLOSURE** of your PI restricted.

(Disclosure is who CRL may provide your information to (for example: to the insurance company with whom you applied for insurance and ordered the lab test based upon your previous authorization.)

Describe the PI you want restricted.  
(not disclosed)

Who is restricted from accessing this PI?

**Authorized Agents:** You may exercise your right to know or your request for deletion of your PI, through the use of an authorized agent. A request from an authorized agent on your behalf will only be accepted if the authorized agent provides us with satisfactory written proof they are authorized to act on your behalf. We may also first require the authorized agent to verify their identity, before accepting the request. CRL may deny requests from authorized agents that fail to provide proof of their status as an authorized agent or verification of their identity.

**I understand that CRL to whom I am making this request will make reasonable efforts to accommodate this request. I understand CRL is not required to honor this request when information about me is needed for emergency treatment or in various circumstances when the information is permitted, by law, to be released.**

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

**Please Mail Form to:**

Clinical Reference Laboratory, Inc. Attn: Privacy Officer, 8433 Quivira Road Lenexa, KS 66215  
Or email to: [privacy@crlcorp.com](mailto:privacy@crlcorp.com)

**Verification Information**

Please complete this form and answer all questions accurately so that we may verify your identity and respond to your request as soon as possible. Thank you.

We may reject your request if we cannot verify your identity. Please follow the instructions and provide the requested information to allow us to adequately address your request. Please fill out your contact information, or the contact information of the individual you are submitting this request for (if submitting on behalf of another). All contact information should be consistent with information previously provided to CRL.