



Policy Numbers: _____

MEMBER REQUEST TO RESTRICT USES AND DISCLOSURES OF PERSONAL HEALTH INFORMATION

I, _____, hereby request that the following restriction(s) be placed on the uses and disclosures of my personal health information by the Companies:

Please give a full, specific description of the type of restrictions you are requesting regarding how and to whom your personal health information is used and disclosed. Restrictions may only be requested for those uses and disclosures that relate to your treatment, your payment or insurance, or the business operations of the Companies.

LIST OF RESTRICTIONS REQUESTED

I understand that the Companies are not required to agree to my restriction requests, but that the Companies are only required to attempt to accommodate reasonable requests when appropriate. I further understand that the Companies reserve the right to terminate an agreed-to restriction if it feels that termination is appropriate, and that I also have the right to terminate, in writing, any restriction by sending a termination notice to the Chief Privacy Officer of the Companies.

Member Name

Name of personal representative, if applicable

Relationship of personal representative to member

Signature of patient (or member's representative)/date