

# Request to restrict access to my health information



**Need help or have questions?** Contact us at the number listed on the back of your member ID card. Your member ID and group numbers are located on your member ID card.

Last name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Date of birth \_\_\_\_\_ Member ID no. \_\_\_\_\_ Group no. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

I understand that I have the right to request that PacificSource Health Plans restrict the use or disclosure of my protected health information. PacificSource will attempt to honor my request although PacificSource is not legally obligated to do so. If PacificSource agrees to restrict access, PacificSource will notify me in writing.

Even if PacificSource agrees to my request, I understand that PacificSource may continue to use or disclose the restricted information in a medical emergency when the information is needed for my treatment, when I authorize them in writing to use or disclose the information, or when law requires use or disclosure.

I may end the restriction at any time by notifying PacificSource in writing. PacificSource may end the agreement at any time by notifying me in writing. If I agree with PacificSource's decision to end the restriction, my protected health information will no longer be subject to the restriction. If I disagree, PacificSource's termination of the restriction will apply only to my protected health information that PacificSource receives after I received the notice terminating the restriction.

I request that sharing of the following protected health information be restricted:

\_\_\_\_\_  
\_\_\_\_\_

I request that the restriction apply as follows:

\_\_\_\_\_  
\_\_\_\_\_

I request that PacificSource restrict the use or disclosure of my protected health information as specified above. I understand that PacificSource is under no obligation to agree to my request, and that there will be no agreement unless PacificSource informs me in writing that it agrees to my request.

Signature of member or representative \_\_\_\_\_ Date \_\_\_\_\_

Printed name of representative (if applicable) \_\_\_\_\_ Relationship to member \_\_\_\_\_

## For office use only

Date received \_\_\_\_\_ Sent to \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Restriction request accepted      Restriction request denied

By \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Member notified:

By \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_