Health Partners Plans

Request for Restriction of Use and Disclosure of Protected Health Information

Use this form to request a restriction on use and disclosure of your Protected Health Information (PHI).

INSTRUCTIONS FOR COMPLETING THIS RESTRICTION FORM

Health Partners Plans members have the right to request that Health Partners Plans (HPP) restrict the use or disclosure of health information for certain aspects of treatment, payment, or health care operations. Members also have a right to request that Health Partners Plans restrict the disclosure of their health information to family members and others involved in their care. Health Partners Plans will consider all requests for restrictions carefully; however, Health Partners Plans is not required to agree to a requested restriction.

PART 1: Member information. This section should name the Health Partners Plans member whose PHI is requested. Print the member's name, birth date, address, telephone number, and Member ID number.

PART 2: Restriction. In this section provide information about the restriction you would like to take place.

PART 3: Review and approval. The *member's* signature is required. If the member is incapable of signing, a personal representative may sign on the member's behalf. Parents or guardians of minors will be confirmed using information from the state. A personal representative such as an executor or someone with a power of attorney may sign his or her name in the member's place. The legal documents proving the authority of the personal representative to act for the member **MUST** be attached or on file at HPP; otherwise the personal representative's signature will be invalid and this form will **NOT** be processed.

Complete ALL sections. If information on this form is not complete, Health Partners Plans will return the form and will not consider this request until it has received complete information.

CONTACT INFORMATION

RETURN YOUR FORM(S) TO THE ADDRESS LISTED BELOW.

If you have any questions or need assistance in completing this form, call the Member Relations telephone number on the back of your identification card or write to:

HIPAA Privacy Services
Health Partners Plans
901 Market Street, Suite 500
Philadelphia, PA 19107

or

Fax: 267-515-6666

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PART 1: Please PRINT the following information	
Member Name:	**Date of Birth:**
Address:	**City/ZIP:**
Member ID #:	**Telephone: ( )**

PART 2: Restriction Requested

Describe the protected health information to be restricted. _____

_____

_____

_____

State the restriction you want to apply to the PHI. _____

_____

_____

_____

Persons/Organization Restricted from Uses/Disclosure: _____

_____

PART 3: Signature

You have the right to request that Health Partners Plans restrict its use of your PHI to what is necessary for the provision of health care or payment of claims.

If Health Partners Plans grants your request, you will be notified in writing. Health Partners Plans may use or disclose the restricted information when needed to treat you in a medical emergency or when required or authorized by law.

You may end a restriction agreement at any time by notifying Health Partners Plans in writing. Restrictions will expire for minors when they reach the age of maturity (18 years of age).

I have read and understand the above information:

Name of member or personal representative: _____

Signature: _____Date: _____

If you are a personal representative, state your relationship to the member:

_____

Note that, if not already provided, we will require verification of the authority of a personal representative such as a copy of a health care, general or durable power of attorney before this request will be considered complete. If this request is made by a parent/guardian, complete the following: Member/participant is a minor ___ years of age. If you are making this request on behalf of a minor child, we may require additional information such as a court order or other documentation that shows custody or other legal document showing the authority of the legal representative to act on the member's behalf before this request is considered complete.