

EMPLOYEE GROUP INSURANCE

Request for Restriction on Use or Disclosure of Protected Health Information

EMPLOYEE GROUP INSURANCE (EGI) recognizes an individual's right to request that a Group Health Plan restrict its uses and disclosures of his or her medical information for purposes of treatment, payment, health care operations, and certain notification disclosures. As a matter of routine, EGI cannot agree to restrictions on use and disclosure of medical information. However, EGI will consider the special circumstances for which you make your request. If EGI agrees to your request, EGI will comply with your requested restriction unless either the restriction is terminated, the use or disclosure is necessary for your emergency treatment, or the use or disclosure is legally permissible for reasons other than treatment, payment, health care operations, or notification disclosures.

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1. Name: _____
 2. Date of Birth: _____
 3. Social Security No.: _____
 4. List the group health Plans to which you request these restrictions to apply: _____

 5. Description of the medical information to which you want the restriction to apply: _____

 6. Persons to whom the medical information described above would not be disclosed: _____

 7. Special circumstances justifying the requested restriction: _____

 8. In the event that the restriction impedes the Plan's payment, describe how payment would be handled: _____

Signature: _____ Date: _____

If the request is signed by a legal representative of the individual:

Printed name of legal representative: _____

Representative's authority to act for the individual: _____

If signed by a legal representative of the individual, please note that we must verify that you are this individual's legal representative for purposes of filing this Request. Please enclose any documents that

support this authority (Power of Attorney, Court Order, etc). As this person's representative, can you be contacted at the address, e-mail, or phone number listed above? If not, please provide your mailing address, e-mail address and phone number below:

For EGI Use Only

Person processing request for restriction: _____

Date request received: _____

Restriction: Granted Denied Date individual notified: _____