

MEMBER REQUEST TO RESTRICT USES AND DISCLOSURES OF PHI

Members may request that restriction(s) be placed on the uses and disclosures of their protected health information by affiliated entities AultCare Corporation, AultCare Health Insuring Corporation (AHIC) which also does business as PrimeTime Health Plan, Aultra Administrative Group (AAG), and AultCare Insurance Company (AIC) which also does business as AultCare HMO.

Member Name

Date

Group Number

Member ID Number

Please give a full and specific description of the type of restrictions you are requesting regarding how and to whom your protected 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 your plan.

The following information should be restricted:

The following people should be restricted from access to my information:

Name:

Relationship:

Reason for Access restriction:

I understand that my plan is not required to agree to my restriction requests, but that my plan is only required to attempt to accommodate reasonable requests when appropriate. I further understand that my plan reserves 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 ATTN: Privacy Coordinator, P O Box 6029, Canton, OH 44706-0910.

Print Name

Date

Signature*

Date

** Note we will not process any requests that are not signed by you or your representative. If you are the member's representative, please provide documentation or explanation of your authority to act for the member. If you do not have such documentation, please complete the **Authorization for Release of Information Form**.*

Please return the completed form to: ATTN: Privacy Coordinator, PO Box 6029, Canton, OH 44706.