Cameron University
Health Plan

Request to Restrict Use and Disclosures of Protected Health Information to Others± — Health Plan

NOTICE TO MEMBER:
Your request for a restriction on the use and disclosure of your protected health information is applicable only to the information maintained by Cameron University's Health Plan. If you would like to request a restriction on the use and disclosure of your protected health information maintained by any other University entity, a separate request must be submitted to that provider.

Last Name: _____ First: _____ Middle: _____
Other Names Used: _____ Birthdate: _____
Address: _____ City: _____ State: _____ Zip: _____
Member ID # Home Phone: ( ) Cell Phone: ( )

I request restrictions on the use and/or disclosure of the following protected health information maintained or created by Cameron University's Health Plan:

☐ Entire Health Record ☐ Pathology/Lab Results for: _____ _____ ☐ Other:_____ _____ _____	☐ Do Not Disclose to: _____ _____ ☐ Other:_____ _____ _____

☐ On this date of service only (indicate date): _____, or
☐ From this date of service: _____until I indicate otherwise, or
☐ From this date: _____to this date _____.

Note: Even if a requested restriction is granted, it cannot prevent complete disclosures, nor will it prevent disclosures required or permitted by law. Disclosures also may be made in case of emergency.

_____ _____ _____
Signature of Member, Parent, or Authorized Legal Representative* **Relationship to Member** **Date**
***May be requested to show proof of representative status**

FOR HEALTH PLAN USE ONLY:
☐ **REQUEST APPROVED**
Send Approval To:
[] Billing
☐
☐

☐ **REQUEST DENIED** (check basis)**
☐ Too expensive to accommodate request
☐ Administratively impractical to accommodate request**
☐ May prevent effective treatment
☐ Other: _____
_____

By:

_____ _____ _____
Clinic/Department Signature Title Date

± For requests to restrict from Insurance Companies, use the Request to Restrict Use and Disclosure of Protected Health Information to Insurance Companies Form.

** May not deny the request if the request applies to restricting disclosure to a health plan for payment or health care operations purposes and the disclosure pertains to a service for which payment in full for out-of-pocket amounts due to the provider has been made.