



## Group Insurance Commission

### INDIVIDUAL REQUEST TO RESTRICT USE OR DISCLOSURE OF HEALTH INFORMATION

I request that the GIC restrict the use and disclosure of my protected health information (“PHI”) concerning health care treatment, payment or health care operations. I understand that the Group Insurance Commission may use and disclose protected health information about me for purposes of health care treatment, payment and health care operations without my consent.

**Please complete all of the following questions. If the question is not applicable, mark N/A on the answer line.**

(1) I request the following information be restricted [description of information]:

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(2) I request that use and disclosure of the above described information be restricted in the following manner [description of restriction]:

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(3) I request that my protected health information not be disclosed to the following individuals or entities [list of individuals or entities to which information would not be disclosed]:

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#### Group Insurance Commission Not Required to Agree

I understand that the GIC is not required to agree to this request for PHI use/disclosure, including such PHI use/disclosure that is (1) required by law; (2) required by a court order; (3) disclosed to a health oversight agency for oversight purposes; (4) for certain law enforcement purposes; (5) for certain specialized government functions; or (6) for certain research purposes.

#### Termination of Restriction

I understand that if the GIC agrees to this restriction, either the GIC or I may terminate this restriction at any time. The termination of the restriction is only effective for **future** uses and disclosures.

Signature of Enrollee/Personal Representative \_\_\_\_\_

Date \_\_\_\_\_ Print Name: \_\_\_\_\_

#### Personal representatives:

I am authorized to make medical decisions for the enrollee based upon court order\_\_\_\_\_

Custodial parent \_\_\_\_\_ Other \_\_\_\_\_ :

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**FOR GIC USE: Give copy to person requesting and file in applicable record**

**Reviewer:** \_\_\_\_\_ **Date:** \_\_\_\_\_