



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]:

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

(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]:

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 _____ :

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

Reviewer: _____ **Date:** _____