

Restriction Request

Purpose: This form is used to request that your insurer restrict the use and disclosure of the protected health information for treatment, payment, or health operations. Do not use this form to request a Confidential Communication or alternate address.

Please type or print neatly; we will not process incomplete or illegible forms.

Section A: INDIVIDUAL REQUESTING RESTRICTION - *Please complete each field*

Last Name: _____ First Name: _____ MI: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Phone: (home) _____ (work) _____

Member ID#: _____ Date of Birth: ____/____/____

Section B: TO THE INDIVIDUAL - *Please read the following and complete the information requested*

You have the right to request that NCAS restrict use or disclosure of your protected health information for treatment, payment or our health care operations. NCAS does not have to agree to your request; however if we do agree, our agreement must be in writing. We will then restrict our use or disclosure of your protected health information as you request, except that we may use or disclose the restricted information in a medical emergency for your treatment, or when the use or disclosure is required or authorized by law.

Please specify the protected health information of which you want to restrict the use or disclosure:

Please state the restriction you want to apply to that protected health information:

I request that NCAS restrict the use or disclosure of my protected health information as specified above. I understand that NCAS is not required to agree to my request. I understand that the requested restriction will not be in force unless and until NCAS informs me in writing that it has agreed to my request. I understand that I may end the restriction at any time by notifying CFA in writing. I understand that NCAS may end the restriction at any time by notifying me in advance in writing.

Signature: _____ Date: _____

Print Name: _____

Please mail or fax the completed form to:

The Privacy Office
10455 Mill Run Circle
Owings Mills, MD 21117
Fax: 410-505-6692

Keep a copy of this request for your records.