

Request for Restriction of Protected Health Information (PHI)

I hereby request restriction on the use and disclosure of my protected health information for treatment, payment, and health plan operations. I understand CarePlus is not required to agree to this restriction.

I understand that if the request for restriction is honored, CarePlus is required to abide by the request except in an emergency situation or when the use or disclosure is permissible or required by law. I understand this restriction will remain in effect until I request termination of the restriction or until CarePlus notifies me they are terminating the restriction.

Please describe the personal and health information you want restricted:

Please print the following information:

Member name: _____ Date of birth: _____

Member ID: _____ Daytime phone: _____

Address: _____

Alternative phone: _____

Member signature: _____ Date: _____

Legal representative signature: _____ Date: _____

(*only if member is unable to sign)

Relationship to member: _____

Please note: If you are a legal representative for the member, you must attach copies of your authorization as required by state law to represent the member – for example, healthcare power of attorney, healthcare surrogate, living will, or guardianship papers.

To prevent a delay in fulfilling your request, please verify all fields on this form are complete and accurate. If information is missing, we will return the form to you for completion. Please attach a separate sheet if you need more space.

Please send this form to:
Privacy Office
P.O. Box 1438
Louisville, KY 40202-1438

CarePlus Health Plans, Inc. complies with applicable Federal Civil Rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, marital status, or religion in their programs and activities, including in admission or access to, or treatment or employment in, their programs and activities. Any inquiries regarding CarePlus' non-discrimination policies and/or to file a complaint, also known as a grievance, please contact Member Services at 1-800-794-5907 (TTY: 711). From October 1 - March 31, we are open 7 days a week, 8 a.m. to 8 p.m. From April 1 - September 30, we are open Monday - Friday, 8 a.m. to 8 p.m. You may always leave a voicemail after hours, Saturdays, Sundays, and holidays and we will return your call within one business day.

Español (Spanish): Esta información está disponible de forma gratuita en otros idiomas. Favor de llamar a Servicios para Afiliados al número que aparece anteriormente.

Kreyòl Ayisyen (French Creole): Enfòmasyon sa a disponib gratis nan lòt lang. Tanpri rele nimewo Sèvis pou Manm nou yo ki nan lis anwo an.

