

Request for

# Restriction of Protected Health Information for Services & Treatment

I hereby request restriction on the disclosure of my protected information to the health plan for payment or healthcare operations for the fulfillment of the attached prescription or refill. I understand and agree that I must pay the full cost for the prescription(s) and this request is only valid for this prescription(s) and does not apply to any subsequent refills. Payments may be made by personal check, money order, debit or credit card. Health Savings Accounts or Flexible Spending Accounts cannot be used for this request.

**Please print the following information:**

Member Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Member signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legal representative signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

(\*only if member is unable to sign)

Name of prescription to be restricted: \_\_\_\_\_

Name of prescribing provider: \_\_\_\_\_

**Please print the following information on the back of each prescription:**

- Member name
- Date of birth
- Shipping address

**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 and that you have attached the prescription and payment.

**Please send this form to:**

CenterWell Pharmacy  
P.O. Box 745099  
Cincinnati, OH 45274-5099

**Prescriptions may be filled or processed by any of the CenterWell Pharmacy locations. In order to comply with certain federal and state laws, and to ensure the integrity of medications dispensed, all CenterWell Pharmacy sales are final. Payment is due at the time of shipment.**

# Important

## At CenterWell Pharmacy, it is important you are treated fairly.

CenterWell Pharmacy does not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion or language. Discrimination is against the law. CenterWell Pharmacy complies with applicable federal civil rights laws. If you believe that you have been discriminated against by CenterWell Pharmacy, there are ways to get help.

- You may file a complaint, also known as a grievance:  
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618  
If you need help filing a grievance, call **800-379-0092** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- **California residents:** You may also call the California Department of Insurance toll-free hotline number: **800-927-HELP (4357)**, to file a grievance.

## Auxiliary aids and services, free of charge, are available to you. 800-379-0092 (TTY: 711)

CenterWell Pharmacy provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

## Language assistance services, free of charge, are available to you. 800-379-0092 (TTY: 711)

**Español (Spanish):** Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

**繁體中文 (Chinese):** 撥打上面的電話號碼即可獲得免費語言援助服務。

**Tiếng Việt (Vietnamese):** Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

**한국어 (Korean):** 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

**Tagalog (Tagalog – Filipino):** Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

**Русский (Russian):** Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

**Kreyòl Ayisyen (French Creole):** Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

**Français (French):** Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

**Polski (Polish):** Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

**Português (Portuguese):** Ligue para o número acima indicado para receber serviços linguísticos, grátis.

**Italiano (Italian):** Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

**Deutsch (German):** Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

**日本語 (Japanese):** 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

**فارسی (Farsi)**

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

**Diné Bizaad (Navajo):** Wóda'í béésh bee hani'í bee wolta'ígíí bich'í' hódílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé nika'adoowoł.

**العربية (Arabic)**

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الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك