

Request for Restriction on Use and Disclosure of Protected Health Information (PHI)

Date of Request: _____

Member Name: _____

Date of Birth: _____

Member CIN: _____

Telephone Number: _____

I understand that CalOptima may use or disclose (release) my Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. CalOptima may also release information to someone involved in my care or the payment for my care, such as a family member or friend.

I understand that CalOptima does not have to agree to my request.

I request a restriction on CalOptima's Use and Disclosure of Protected Health Information (PHI).

The information I want limited is:

I want to limit CalOptima's:

- Use of this Information
- Disclosure of this information
- Both the use and disclosure of this information

I want the limits to apply to the following person or entity (For example: spouse): _____

REQUIRED USES AND DISCLOSURES:

Even if CalOptima agrees to the restriction, the information may still be shared under the following circumstances:

- During a medical emergency, if the restricted information is needed to provide emergency treatment. However, if the information is disclosed during an emergency, CalOptima will tell the recipient not to use or disclose it for any other purpose.
- For health agency oversight activities.
- For uses or disclosures otherwise required by law.
- CalOptima receives a written termination request.
- I orally agree to the termination and the oral agreement is documented.
- CalOptima informs me that it is terminating the agreement. In this case, the termination is only effective for PHI created or received by CalOptima after I am notified of the termination.

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YOUR RIGHTS:

To learn more about your privacy rights, please refer to your copy of the CalOptima Notice of Privacy Practices. It can also be found on our website at www.caloptima.org or by calling CalOptima's Customer Service Department at **1-714-246-8500** or toll-free at **1-888-587-8088**. We are available Monday through Friday from 8 a.m. to 5:30 p.m. Members with hearing or speech impairments can call our TDD/TTY line at **1-714-246-8523** or toll-free at **1-800-735-2929**. We have staff who speak your language.

If you believe your privacy rights have been violated, you may file a complaint with CalOptima by calling **1-714-246-8500** or write to:

CalOptima
Customer Service Department
505 City Parkway West
Orange, CA 92868

CalOptima cannot take away your health care benefits or do anything to hurt you in any way if you choose to file a complaint or use any of your privacy rights.

SIGNATURE:

Member Signature: _____

If Authorized Representative (please include legal documentation):

Print Name: _____ Relationship to Member: _____