



Request for restriction of use or disclosure of protected health information

Use this form to request that a restriction be placed on Blue Shield of California’s use or disclosure of your protected health information (“PHI”) for certain permissible purposes, including, for example, carrying out treatment, payment, or healthcare operations, or disclosing your PHI to family members or others involved in your care. **Blue Shield of California is not required to agree to your request for a restriction.** We will notify you in writing as to whether your request has been granted or denied. Even if your request is granted, we may still use or disclose the restricted information in the case of an emergency. If restricted information is disclosed for your emergency treatment, we will request that the recipient not to further use or disclose it.

Individual requesting restriction:

Name:

Subscriber ID number:

Address:

Phone number

Date of birth:

What PHI do you wish to restrict?

What restriction(s) do you want applied to Blue Shield of California’s use or disclosure of the PHI described above?

Signature of individual or personal representative:

Signature

Date

If this form is signed by someone other than the individual or the parent of a minor child, such as a personal/legal representative or guardian, you must **submit documentation** showing your right to act for or on behalf of the individual with respect to their health care/PHI such as a valid HIPAA authorization, healthcare power of attorney, or guardianship papers. **Please also provide the following information:**

Representative’s name, address, and relationship to the individual for whom this request is being made (print):

Note: *If this request is made on behalf of a minor child, the restriction, if not sooner terminated, will expire upon the child’s eighteenth birthday. Other conditions and limitations may apply to restriction requests submitted on behalf of a minor child.*

Return the completed and signed request to: Blue Shield of California Privacy Office, P.O. Box 272540, Chico, CA 95927-2540

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