

## Request to Restrict Use & Disclosure of Protected Health Information (PHI)

Please complete this form ONLY if you would like to make a request to restrict how Alterwood Advantage uses and/or discloses your PHI.

### 1. REQUEST RESTRICTION ON THE USE/DISCLOSURE OF PHI

I hereby request a restriction of the use/disclosure of Protected Health Information maintained by the Alterwood Advantage.

Member Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Member ID: \_\_\_\_\_

Name of person completing this form if different from member\*:

_____	_____
<i>Name</i>	<i>Relationship to Member</i>

*\*Must be parent of a minor, legal guardian, or authorized HIPAA Appointee of the Member.*

### 2. PLEASE PROVIDE SOME INFORMATION ON YOUR REQUEST

Please provide the reason for why you are requesting a restriction on the use/disclosure of your PHI:

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Please provide a written description how you would like Alterwood Advantage to restrict the use/disclosure of your PHI:

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### 3. RIGHTS CONCERNING YOUR REQUEST TO RESTRICTIONS ON USE & DISCLOSURE OF YOUR PHI:

- a. You have the right to request that Alterwood Advantage restrict certain uses and/or disclosures of PHI in the records that we keep on your behalf;
- b. Alterwood Advantage reserves the right to deny your request- in whole or in part- if: such uses and disclosures are pursuant to our normal payment, treatment or operations obligations.
- c. Once the decision to grant or deny your request has been made, you or your authorized representative will receive a notification of the decision.

I understand that I may be charged a reasonable fee for copying the requested records and mailing the records (if requested). I further understand that Alterwood Advantage may or may not honor my request to restrict the use/disclosure of the requested PHI.

Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_  
*Signature of Member*

\*Signature must be that of the Member, authorized parent of a minor, legal guardian, or authorized HIPAA appointee of the member

Send your request to this address so that we can process it timely. Requests sent to persons, offices or addresses other than the address listed above might be delayed.

Alterwood Advantage  
Attn: Member Services  
10090 Red Run Blvd, 2nd Floor  
Owings Mills, MD 21117

You may call us toll free at 667-262-9412 or 1-866-675-3944. TTY users call 711. We are available 8 am – 8pm ET, 7 days a week from October 1 – March 31 and Monday through Friday from April 1 through September 30.