Providence Health Assurance | health share Health Share of Oregon

P.O. Box 4327
Portland, OR 97208-4327

ProvidenceHealthAssurance.com/OHP

Limit Access to Records

PLEASE COMPLETE THIS FORM TO LIMIT WHO CAN SEE YOUR RECORDS

P.O. Box 4327, Portland, OR 97208-4327

Member Information

Name: _____ ID #: _____

Address: _____

_____

Date of Birth: _____ Phone number: ( ) _____

What information would you like to restrict?

_____

_____

_____

_____

_____

_____

_____

Who would you like to keep this information from?

_____

_____

_____

_____

_____

_____

_____

Providence Health Plan | Providence Health Assurance

Notification

- We are not required to agree to your request to limit access to this information.
- We will send a letter telling you if we will honor your request.
- If we agree to the restriction, we may still share your information
  - if we need to share it during a medical emergency,
  - if you authorize us to share the information,
  - when we are required by law to share the information.
- You may end a restriction by telling us in writing that you would like to do so.
- We may end the restriction by telling you in writing.
- If your restriction is ended, we will only release information from the dates before your restriction began and dates after your restriction ended.

Signature

Signature: _____ Date: _____

Relationship to the member: _____

You can get this form in other languages, large print, Braille or a format you prefer. You can also ask for an interpreter. This help is free. Call 800-898-8174 or TTY:711. We accept relay calls.

Non-discrimination & Communication Assistance | Providence Health Plan