



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?

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:

_____.

If you have any questions, need this in large print, braille or a different language, please call us Monday through Friday, 8 a.m. to 5 p.m., at 800-878-4445 (TTY:711).

Non-discrimination Statement

Providence Health Assurance complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Providence Health Assurance does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Providence Health Assurance:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, you can call us at 1-800-898-8174 (TTY: 711).

If you believe that Providence Health Assurance has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Non-discrimination Coordinator by mail:

Providence Health Assurance
Attn: Non-discrimination Coordinator
PO Box 4158
Portland, OR 97208-4158

If you need help filing a grievance, call us at 1-800-898-8174 (TTY:711) for assistance.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW - Room 509F HHH Building
Washington, DC 20201
1-800-368-1019, 1-800-537-7697 (TTY)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

