REQUEST FOR RESTRICTION ON USE OR DISCLOSURE

Health Plan of San Joaquin | Mountain Valley Health Plan

The Health Insurance Portability and Accountability Act gives you the right to request that we not use or share your health information.

Health Plan of San Joaquin/Mountain Valley Health Plan ("Health Plan") will not agree to a request that prevents us from sharing information with someone helping to care for you or pay for your care. The Health Plan also will not agree to a request that prevents us from arranging for your treatment, payment of claims, or health care operations. For a description of these activities, please read the Notice of Privacy Practices. If you need another copy of the Notice, call the Member Services department at **1-209-942-6320** or go to our web site at **www.hpsj-mvhp.org**.

You must complete both sides of this form. After you fill out the form, mail or take it to:

Health Plan of San Joaquin/Mountain Valley Health Plan
7751 South Manthey Road
French Camp, CA 95231-9802

You may also fax the form to: **1-209-461-2550** or send to Health Plan through a secured email.

Please tell us what health information you do not want to have used or shared:

Please check all the following that apply:
☐ I do not want the Health Plan to use my health information for its own purposes.
☐ I do not want the Health Plan to share my health information with certain companies or people.
List the companies or people below:
1._____
2._____

The Health Plan will send you a letter telling you if we accept or deny your request. If we accept your request, you will have to write to us if you later change your mind.

....
Print Name of Member **Health Plan ID Number**

....
Signature of Member or Personal Representative **Date**

.....
Telephone Number

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Note, if you are acting as the Personal Representative of a member, please tell us your relationship to the member:

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You may be required to show us proof of your legal permission to restrict the use or sharing of the member's health information.

Should you have questions about this form, please contact the Member Services department at **1-209-942-6320**.