



Individual Request Not to Use or Disclose (Restrict) Health Information or to End Restriction on Use or Disclosure of Health Information Maintained by USABLE Life

PO Box 1650
Little Rock, AR 72203-1650

I understand that USABLE Life may use and disclose protected health information about me for purposes of payment, and regular business operations without my consent. I request to restrict use and disclosure of protected health information concerning health care treatment, payment, or regular business operations about me by USABLE Life in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

USABLE Life Not Required to Agree

I understand that USABLE Life is not required to agree to this restriction.

Termination of Restriction

I understand that if USABLE Life agrees to this restriction, either USABLE Life or I may terminate this restriction at any time. The termination of the restriction is only effective for future uses and disclosures.

Questionnaire

Please complete all of the following questions. If the question is not applicable, mark N/A on the answer line.

- Restriction Discontinue Restriction

(1) I request the following information (description of information) be restricted/ released from restriction:

Blank lines for answer to question 1

(2) I request that use and disclosure of the above described information be restricted in the following manner (description of restriction):

Blank lines for answer to question 2

(3) I request that my protected health information not be disclosed to the following individuals or entities (List individuals or entities to which information would not be disclosed):

Blank lines for answer to question 3

I understand that if a restriction is not specifically listed above and agreed to in writing by USABLE Life, it will not be effective.

Termination of Restriction

I request that the restriction described above be removed and all information available for treatment, payment, and regular business operations.

Name: \_\_\_\_\_

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

City State Zip Code

Policy Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send completed form to: USABLE Life
Privacy Office
P.O. Box 1650
Little Rock, AR 72203-1650
Fax number: (501) 235-8484
Telephone number: (501) 212-8871 or (800) 648-0271, Extension 8871
E-mail: privacyofficer@usablelife.com