

## **Group Health Plan's Response to Request to Restrict Use or Disclosure of Protected Health Information**

Date of this Notice: \_\_\_\_\_

To: \_\_\_\_\_

**Your request to restrict use or disclosure of group health plan protected health information (PHI) has been reviewed and the following determination has been made:**

### **ÿ Request Granted**

Your request to restrict use and disclosure of protected health information has been granted, subject to the following:

- Either you or the Plan may terminate this restriction at any time. If the Plan informs you that it is terminating its agreement to this restriction, the termination of the restriction is only effective with respect to PHI created or received after the Plan informs you of the termination.

If you wish to terminate this restriction in the future, please send your written notification to:

Benefit Services Manager  
Department of Human Resource Services  
Benefit Services Division  
2033 K Street, NW, Suite 220  
Washington, DC 20052

- If restricted PHI must be used or disclosed to provide emergency treatment for you, then this restriction is void.
- The restriction is not effective to prevent uses or disclosures required by the Secretary of the U.S. Department of Health and Human Services to investigate the Plan's compliance with the Privacy Standards or uses or disclosures that are otherwise required by law.
- If a restriction is not specifically listed on the request, it will not be effective.

### **ÿ Request Denied**

Your request to restrict use and disclosure of protected health information has been denied.