

# Request

## for Restriction of Protected Health Information

I hereby request restriction on the use and disclosure of my protected health information for treatment, payment, and health plan operations. I understand CarePlus is not required to agree to this restriction.

I understand that if the request for restriction is honored, CarePlus is required to abide by the request except in an emergency situation or when the use or disclosure is permissible or required by law. I understand this restriction will remain in effect until I request termination of the restriction or until CarePlus notifies me they are terminating the restriction.

Please describe the personal and health information you want restricted:

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### Please print the following information:

Member name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Member ID: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

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

Alternative phone: \_\_\_\_\_

Member signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legal representative signature: \_\_\_\_\_ Date: \_\_\_\_\_

(\*only if member is unable to sign)

Relationship to member: \_\_\_\_\_

**Please note: If you are a legal representative for the member, you must attach copies of your authorization as required by state law to represent the member – for example, healthcare power of attorney, healthcare surrogate, living will, or guardianship papers.**

To prevent a delay in fulfilling your request, please verify all fields on this form are complete and accurate. If information is missing, we will return the form to you for completion. Please attach a separate sheet if you need more space.

Please send this form to:

Humana  
Privacy Office  
P.O. Box 1438  
Louisville, KY 40202-1438

CarePlus will follow the more stringent of all federal and state laws and regulations.

For CarePlus Use Only Access Restrictions

FLHJEC4EN 0818



## Discrimination is against the law

CarePlus Health Plans, Inc. ("CarePlus") complies with applicable Federal Civil Rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or religion. CarePlus does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or religion. CarePlus provides:

- Free assistance and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Video remote interpretation
  - Written information in other formats
- Free language services to people whose primary language is not English when those services are necessary to provide meaningful access, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call the number on the back of your Member ID Card or contact Member Services using the information below. If you believe that CarePlus has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or religion, you can file a grievance with:

**CarePlus Health Plans, Inc. Attention: Member Services Department.** 11430 NW 20th Street, Suite 300. Miami, FL 33172. Telephone: **1-800-794-5907; (TTY: 711)**. From October 1 - March 31, we are open 7 days a week; 8 a.m. to 8 p.m. From April 1 - September 30, we are open Monday - Friday, 8 a.m. to 8 p.m. You may always leave a voicemail after hours, Saturdays, Sundays, and holidays and we will return your call within 1 business day. Fax: **1-800-956-4288**.

You can file a grievance in person or by mail, phone or fax. If you need help filing a grievance, our Member Services Representatives are available to help you at the contact information listed above.

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, D.C. 20201. **1-800-368-1019; 800-537-7697 (TDD)**  
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## Multi-Language Interpreter Services

**English:** ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-800-794-5907 (TTY: 711).

**Español (Spanish):** ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-794-5907 (TTY: 711).

**繁體中文 (Chinese):** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-794-5907 (TTY: 711)。

**Tiếng Việt (Vietnamese):** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-794-5907 (TTY: 711).

**한국어 (Korean):** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-794-5907 (TTY: 711) 번으로 전화해 주십시오.

**Tagalog (Tagalog – Filipino):** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-794-5907 (TTY: 711).

**Русский (Russian):** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-794-5907 (телетайп: 711).

**Kreyòl Ayisyen (French Creole):** ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-794-5907 (TTY: 711).

**Français (French):** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-794-5907 (ATS : 711).

**Polski (Polish):** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-794-5907 (TTY: 711).

**Português (Portuguese):** ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-794-5907 (TTY: 711).

**Italiano (Italian):** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-794-5907 (TTY: 711).

**Deutsch (German):** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-794-5907 (TTY: 711).

**ગુજરાતી (Gujarati):** સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-794-5907 (TTY: 711).

**ภาษาไทย (Thai):** เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร1-800-794-5907 (TTY: 711).

**Diné Bizaad (Navajo):** Díí baa akó nínízin: Díí saad bee yánílti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiiik'eh, éí ná hóló, koji' hódíílnih 1-800-794-5907 (TTY: 711).

**العربية (Arabic):**

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-794-5907 (رقم هاتف الصم والبكم: 711).