



Community Health Network of Washington Request for Restriction(s) on the Use and Disclosure of Protected Health Information

I understand that I have the right to request restriction(s) as to how my protected health information (PHI) may be used and/or disclosed to carry out treatment, payment, or health care operations, or disclosed to family members and others involved in my care. I understand that Community Health Network of Washington (CHNW) may not be required to agree to the restriction(s) requested. Even if my request for restriction(s) is denied, I will generally have the opportunity to agree or object prior to disclosures to persons involved in my care. If CHNW agrees to a requested restriction, it will be binding except in the case of emergency treatment. If restricted information is released for my emergency treatment, CHNW will request the provider not to further use and/or disclose that information.

1. Enrollee Name: _____ **Date of Birth:** _____

Enrollee ID Number: _____ **Date of Request:** _____

Enrollee Address: _____

Enrollee email: _____

Enrollee Phone: _____ **Enrollee Fax:** _____

- Choose one:** Ok to leave message with detailed information.
 Leave message with call-back number only.

2. I request the following restriction(s) on the use and/or disclosure of my PHI.



3. I understand that CHNW will respond to this request within 30 days of the date of this request, unless CHNW extends the timeframe for an additional 30 days and provides me with a written statement for the reason(s) for the delay and the date by which I can expect a final response.

Printed Name	Phone	Date
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Signature

Check here if you are signing as a personal representative and complete below. Please attach the appropriate documentation (e.g., Power of Attorney). This only applies if someone other than the enrollee signed above.

Telephone Number of Personal Representative: _____

Personal Representative’s relationship to the enrollee: _____

4. Send the completed, signed request to:

Community Health Network of Washington
Attn: Customer Service Department
1111 3rd Ave, Ste. 400
Seattle, WA 98101
Fax: (206) 652-7050
Email: CustomerCare@chpw.org

If you have any questions or to obtain a full notice of your privacy rights, contact CHNW’s Customer Service department at the following

Contact Customer Service toll-free at 1-866-907-1906, Monday – Friday, from 8am to 5pm.

If you have hearing or speech impaired, please call TTY 711 (toll-free).

The notice is also available online at: <https://www.cascadeselect.org/member-center/member-rights/>