

\_\_\_\_\_  
Member's name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member's date of birth

\_\_\_\_\_  
Member's Social Security Number

\_\_\_\_\_  
Requestor's name (if different from Member)

\_\_\_\_\_  
Member's or Requestor's signature

MBHP must disclose health information in order to conduct its business operations. Information about these disclosures is available at [www.masspartnership.com](http://www.masspartnership.com).

You or your authorized representative can ask MBHP to limit the disclosure of your protected health information (PHI). MBHP will consider your request, but it is not required by law to honor your request.

I request that MBHP restrict the use or disclosure of the following specific protected health information: \_\_\_\_\_

Who do you want to restrict from getting or using this information?  
\_\_\_\_\_

I understand that if this request is approved, I may take it back at any time by writing to MBHP at the address below. I understand that MBHP will respond to this request in writing and the use and disclosure of my protected health information will not be restricted unless I receive an approval from MBHP.

If you are requesting access to information on behalf of someone other than yourself, please enclose proof of your authority to do so (for example, Guardianship Order, Custody Order, or Court Order).

Mail this form to:

MBHP, Attention Privacy Officer  
200 State Street, Suite 305  
Boston, MA 02109  
Fax Number: (877) 335-5452

MBHP complies with applicable federal civil rights laws and does not discriminate, exclude, or treat people differently because of race, color, national origin, ancestry, age, disability, religious creed, sex, sexual orientation, gender identity, gender stereotyping, genetic information, or veteran status. MBHP's notice of non-discrimination can be found at <http://www.masspartnership.com/member/NonDiscriminationNotice.aspx>.

You can get this information in other languages and other formats, such as large print or Braille.

Call us at 1-800-495-0086 from Monday to Thursday, 8 a.m. to 5 p.m. and Friday 9:30 a.m. to 5 p.m. The call is free! Call TTY 1-877-509-6981 if you are deaf, hard of hearing, or speech impaired.

Tenemos información en español. Servicio de intérpretes gratis!