



Request to Limit Uses and Disclosure of PHI

(effective 8/2013)

You may request Care1st Health Plan and ONECare by Care1st Health Plan Arizona (Care1st) to limit our uses and disclosures of your protected health information (PHI) for treatment, payment, and health care operations purposes. You must tell us what information you do not want to share and who you don't want us to share your information with. Care1st will carefully review and consider your request; however, we are not required to agree with your request. You may write to us or the facility or doctor's office where you received care for consideration of your request.

VERIFY CURRENT INFORMATION (please print)

Date of Request: _____

Member Name: _____

Care 1st or ONECare ID#: _____

Member Date of Birth: _____

Member Phone Number: _____

Member Address: _____

YOUR REQUEST

Please specify what information you do not want to share and who you don't want us to share your information with:

Please describe the dates of service (if known):

Please explain the reason why your request is necessary:

Please note:

- You may change or revoke (cancel) this request in writing at any time. Please mail your written request to change or revoke to the address below.
- Your request will not be processed if this form is not completely filled out, signed and dated.
- If you do not understand this form, or have any questions about this form, please contact Care1st at: 1-866-560-4042 (TTY 1-800-367-8939).

If you understand the above information, please sign and date below:

Member Signature (or authorized representative,
or legal guardian)

Date

If you signed and are not the Member, what is your relationship to the member and what is your phone number? Please respond below:

Note: Before Care1st can consider a request signed by anyone other than the member, we require verification of a person's authority to act on behalf of the member (if not already on file). If member cannot give consent due to age, Care1st may require additional information before we can consider this request.

Return this form to:

Care1st and ONECare by Care1st Health Plan Arizona
Attn: Privacy Officer
2355 E. Camelback Rd., Ste 300
Phoenix, AZ 85016

For Care1st use only:

Received Date: _____

Approve Deny

Notification date of decision: _____