

LANCASTER GENERAL HEALTH

Request to Restrict Disclosures of Protected Health Information

Lancaster General Health (LG Health), on behalf of the Group Health Plan, maintains a Privacy Policy in accordance with federal privacy rules. That Policy addresses how your Protected Health Information is used or disclosed by the Group Health Plan.

This form is used to help you exercise your rights under the Group Health Plan's Privacy Policy regarding restricting the disclosure of your Protected Health Information.

This process is an important part of your protected rights, and provides LG Health with a means to uncover any violations and/or problems with the policies.

The Group Health Plans sponsored by LG Health include: LG Consumer, LG Select, LG Dental, and LG Dental Plus.

Plan Participant's Request to Restrict Disclosures

Print Plan Participant's Name:

Plan Participant's Address:

Print Employee Name if different from Plan Participant: Employee Number:

Plan Participant's Signature Date

Plan Participant's Signature

Date

Please include specific reasons why you want your PHI to be restricted:

Please describe below the ways in which you wish to restrict disclosure of your Protected Health Information:

After completing this form, please submit your request to the **HIPAA Privacy Official** at the address shown below.

Lancaster General Health
Human Resources
555 North Duke Street
P.O. Box 3555
Lancaster, PA 17604-3555