



Member Request to Restrict Access

MEMBER REQUEST TO RESTRICT ACCESS TO PROTECTED HEALTH INFORMATION

PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS.

Mail your signed request to:

Zing Health
225 W. Washington Street, Suite 450
Chicago, IL. 60606

If you need any assistance completing the form, call the Customer Service number listed on your Member ID Card.

Section 1. Member Information			
Member Last Name:	Member First Name	Member Middle Name:	
Date of Birth:	Member ID#:		
Street Address:			
City:	State:	Zip Code:	Phone Number:

I understand I have the right to request Zing Health to restrict the use or disclosure of my protected health information. Zing Health will attempt to honor my request, although Zing Health is not legally obligated to do so. If Zing Health agrees to restrict access, I will be notified by Zing Health in writing.

Even if Zing Health agrees to my request, I understand Zing Health may continue to use or disclose the restricted information in a medical emergency when the information is needed for my treatment; when I authorize the use in writing to use or disclose the information, or; when the law requires the use or disclosure.

I may end the restriction at any time by notifying Zing Health in writing. SingHealth may end the agreement at any time by notifying me in writing. If I agree with Zing Health’s decision to end the restriction, my protected health information will no longer be subject to the restriction. If I disagree, Zing Health’s termination of the restriction will apply only to my protected health information that Zing Health receives after I received Zing Health’s notice terminating the restriction

I request sharing of the following protected health information be restricted:

I request the restriction apply as follows:

I request Zing Health to restrict the use or disclosure of my protected health information as specified above. I understand that Zing Health is under no obligation to agree to my request and that there will be no agreement unless Zing Health informs me in writing that it agrees to my request.

Signature

Member or Representative's Signature

Date

Printed Name of Representative (if applicable)

Relationship to Member

For Office Use Only

Date Received: _____ Processed Date: _____ Title: _____

Date Notified: _____ Notified By: _____ Title: _____