

Request for Restriction of Use and Disclosure of Protected Health Information

This form will allow me, as a Cigna-HealthSpring customer, to request a Restriction on the Use and Disclosure of my Protected Health Information (PHI). I understand Cigna-HealthSpring will consider all requests for restrictions carefully; however, Cigna-HealthSpring is not required to agree to a requested Restriction.

Note: If your request is granted, it will affect only written and oral communications by Cigna-HealthSpring. If you also wish another group health plan, physician or anyone outside of Cigna-HealthSpring to make this change, you must obtain their agreement separately.

VERIFICATION – (Please print)

Identification of customer:

(The following information is needed for verification. Please complete all applicable items.)

Name of customer: _____ Date of birth: _____

Phone number where we can reach you if we need to contact you to process your request (required): _____

Current address on file: _____

Medicare ID #: _____ Customer ID card # (if applicable): _____

Cigna-HealthSpring will not disclose confidential information without your authorization unless it is necessary to provide your health benefits, administer your benefit plan, to support Cigna-HealthSpring programs or services, or as otherwise required or permitted by law. We will not, for example, give your confidential information to a credit agency, a telemarketer or a prospective employer. We will not sell, rent or license the confidential information you provide to us. You do not need to request a restriction if you are concerned about those uses and disclosures.

REQUESTED RESTRICTIONS

Please describe your request: _____

PLEASE NOTE

- Communications, including communications containing PHI, will continue to be sent to the current address we have on file for you.
- If any information on this form is not complete, Cigna-HealthSpring will return the form to you, and your restriction request will not be considered until Cigna-HealthSpring receives complete information.
- If your date of birth is changed in our system or your Cigna-HealthSpring ID changes, a new form must be completed at that time.
- You may change or revoke this restriction by sending a written request to Cigna-HealthSpring, at the address shown below. You can obtain a Change/Revoke form by calling Cigna-HealthSpring at the number on your Cigna-HealthSpring ID card.

SIGNATURE

I have read and understand the above information. Date: _____

Signature of customer, parent/guardian, other person legally authorized to act on behalf of the customer:

Relationship if signed by other than customer: _____

Note that, if not already provided, we will require verification of the authority of another person to act on behalf of the customer before this request will be considered complete.

If request is made by a parent/guardian, complete the following: Customer is a minor _____ years of age.

If you are a parent or guardian requesting a restriction on a child that will prevent the child's other legal parent from accessing the child's Protected Health Information, you must:

1. Provide evidence that the parental rights of the other parent have been terminated, or
2. Obtain the other parent's agreement to this restriction. If you obtain the other parent's agreement to this restriction, please have the other parent sign this form and notarize it, or send a statement signed and notarized by both parents indicating that both parents have agreed to place a restriction on the child's Private Health Information.

COMPLETED FORM MAILING ADDRESSES

Please send your completed form to your plan's corresponding address below:

Arizona – Medicare Advantage Plan	Cigna-HealthSpring Rx (PDP) Plan	Cigna-HealthSpring Medicare Advantage Plan
Cigna Central HIPAA Unit PO Box 188014 Chattanooga, TN 37422	Cigna Medicare Services PO Box 269005 Weston, FL 33326-9927	Cigna-HealthSpring Membership Admin. Services P.O. Box 20002 Nashville, TN 37202
1-800-627-7534 (TTY 711) 8 am - 8 pm, 7 days a week	1-800-222-6700 (TTY 711) 8 am - 8 pm, 7 days a week	1-800-668-3813 (TTY 711) 8 am - 8 pm, 7 days a week

Please maintain a copy of this form for your records.

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