

RESTRICTION REQUEST FORM



WYOMING

Purpose: This form is used for an Individual's request to restrict Use or Disclosure of Protected Health Information, including for Treatment, Payment or Healthcare Operations.

SECTION A: Individual requesting restriction

Name: _____

Address: _____

Telephone: _____ E-mail: _____

Subscriber Number: _____ Social Security Number: _____

SECTION B: To the Individual—Please read the following and complete the information requested.

You have the right to request that Blue Cross Blue Shield of Wyoming (BCBSWY) restrict its Use or Disclosure of your Protected Health Information, including for Treatment, Payment or Healthcare Operations. BCBSWY is under no obligation to agree to your request. However, if BCBSWY does agree to your request, BCBSWY's agreement must be in writing and BCBSWY will then restrict its Use or Disclosure of your Protected Health Information as you request. However, please be advised that BCBSWY may, notwithstanding its agreement, Use or Disclose the restricted information in an appropriate medical emergency when the information is needed for your Treatment, or when you authorize BCBSWY in writing to Use or Disclose the information, or when the Use or Disclosure is required by law.

You may end the restriction at any time by notifying BCBSWY in writing. BCBSWY may also end its agreement to restrict Use or Disclosure of your Protected Health Information at any time by notifying you in writing. If you agree with BCBSWY's decision to end the restriction, your Protected Health Information will no longer be subject to the restriction. If you disagree, BCBSWY's termination of the restriction will apply only to your Protected Health Information that BCBSWY receives after it gave you its notice terminating the restriction.

To exercise your right to request restriction on BCBSWY's Use or Disclosure of your Protected Health Information, please complete this Section B. Please specify the Protected Health Information, the Use or Disclosure of which you want to restrict:

Please state the restriction you want to apply to that Protected Health Information:

SECTION C: Signature

I request that BCBSWY restrict the Use or Disclosure of my Protected Health Information as specified in Section B above. I understand that BCBSWY is under no obligation to agree to my request, and that there will be no agreement unless BCBSWY informs me in writing that it agrees to my request.

Signature _____ Date _____

SECTION D: Personal Representative

If this request is by a Personal Representative on behalf of the Individual, complete the following:

Personal Representative’s Name

Relationship to Individual

YOU ARE ENTITLED TO A COPY OF THIS REQUEST

Form Submission Instructions

Steps for returning a completed form may depend on whether you obtained the form online, received it by email or through another means. Please read the instructions below to decide which submission method suits you best. If the form specifies a preferred method, please follow those directions instead.

Online: Download the form and fill it out in the free Adobe Reader (get.adobe.com/reader) or fill out the form online if that option exists and then download it to your device. Save the completed form to your computer or device.

Submission:

BY MAIL — Print and mail the completed form to:

Blue Cross Blue Shield of Wyoming, PO Box 2266, Cheyenne, WY 82003.

BY EMAIL — Send the form and any required documentation as attachments to a BCBSWY email address, if one is provided.

BY SECURE UPLOAD — Follow the directions below to securely upload your form to the Message Center at YourWyoBlue.com (www.yourwyoblue.com). Click the link or scan the QR code.

After logging in to your **YourWyoBlue.com** account, and going to the **Message Center**:

STEP 1

Click on the **CONTACT US** button near the bottom of the page.

STEP 2

Select the plan the form applies to from the list in the **CONTACT US** panel.

STEP 3

Select General—Other as the **Message Topic**.

STEP 4

Include any message in the **Questions & Comments** box.

STEP 5

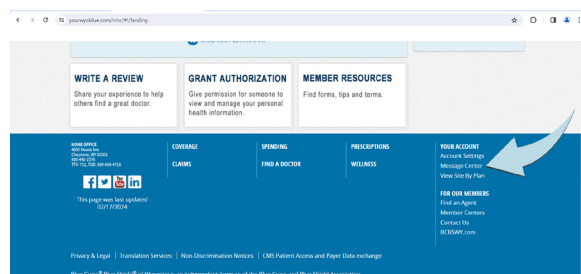
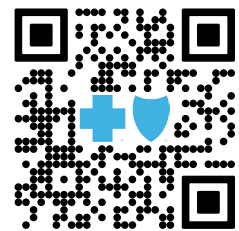
Click on the paperclip icon next to **Attach file** and attach completed form from its location on your device.

STEP 6

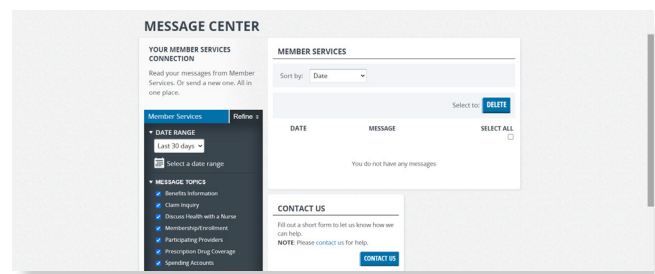
Fill in remaining information (*Phone number, *Best time to call, and *May we leave a message...?)

STEP 7

Click on the **SUBMIT** button to upload your saved form securely.



Message Center link, Desktop View



Contact Us button, Desktop View