As required by the Health Information Portability and Accountability Act of 1996, you have a right to request restrictions on the uses and disclosures of your protected health information as described in our Notice of Privacy Practices. The MEBA Medical & Benefits Plan will make an effort to accommodate reasonable requests.

RESTRICTION REQUEST SECTION

I, ____________________________ (print name) hereby request the following restrictions on the uses and disclosures of my health information (please describe the requested restrictions in detail):

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________________________________________________________________________

Signature ____________________________ Date ____________________________

HP8-RESTRICTION REQUEST
Eff. 4/14/03, Version 1