



HEALTHCARE COOPERATIVE

# HIPAA REQUEST FOR RESTRICTION OF USE AND DISCLOSURE

By completing and signing this form, I understand that I am requesting Common Ground Healthcare Cooperative (CGHC) to restrict disclosure of my confidential protected health information (PHI) as described below for treatment, payment and health care business operations. I understand that CGHC is not required to comply with my request, but that CGHC will do so to the extent feasible after careful consideration.

I, \_\_\_\_\_, want to restrict the release of the following information:

- \_\_\_\_\_ Information only pertaining to my treatment for \_\_\_\_\_.
- \_\_\_\_\_ All information about my medical treatment and claims.
- \_\_\_\_\_ All information about my medical treatment, claims, policy and premium payment.
- \_\_\_\_\_ Other \_\_\_\_\_

This applies to release of information to the following persons or entities:

\_\_\_\_\_

By signing this form, I authorize CGHC to restrict information as described above. I understand that if my request is not feasible or incomplete, I will be notified and my request will not be implemented until this form is complete and processed. I further understand that if either I or my employer changes CGHC health care benefits coverage, I will need to submit a new request.

*I have read and understand the above information:*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or legal guardian for minor child

\_\_\_\_\_  
Member number

\_\_\_\_\_  
Date of birth

I understand that I may revoke this authorization by sending a written request to: CGHC, attn. Privacy Office, PO Box 1630, Brookfield, WI 53008-1630.

## NOTICE OF NON-DISCRIMINATION AND AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES

Common Ground Healthcare Cooperative (CGHC) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, or sex (including pregnancy, sexual orientation, gender identity, and sex characteristics). This means that CGHC does not exclude people or treat them differently because of race, color, national origin (including limited English proficiency and primary language), age, disability, sex (including pregnancy, sexual orientation, gender identity, and sex characteristics).

CGHC provides free aids and services to people with disabilities so they may communicate effectively with us such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, and other formats)

CGHC provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, please contact the CGHC Civil Rights Coordinator.

If you believe that CGHC has failed to provide these services or discriminated in another way on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, sex (including pregnancy, sexual orientation, gender identity, or sex characteristics). You can file a grievance with our Civil Rights Coordinator. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office of Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone.

**CGHC Civil Rights Coordinator**  
Phone Number: 414.269.4684 (TTY: 711)  
Fax Number: 262.754.9690  
Email: [CivilRights@CommonGroundHealthcare.org](mailto:CivilRights@CommonGroundHealthcare.org)  
Mail: PO Box 1630  
Brookfield, WI 53008-1630

**U.S. Department of Health and Human Services**  
Phone: 1.800.368.1019 (TDD: 1.800.537.7697)  
Mail: 200 Independence Avenue SW,  
Room 509F, HHH Building  
Washington, DC 20201  
Complaint forms are available at  
<http://www.hhs.gov/ocr/office/file/index.html>.

<p><b>French</b> ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.877.514.2442 (TTY/TDD: 711)</p>	<p><b>Spanish</b> ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.877.514.2442 (TTY/TDD: 711)</p>	<p><b>Chinese</b> 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.877.514.2442 (TTY/TDD: 711)</p>
<p><b>Hmong</b> LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.877.514.2442 (TTY/TDD: 711)</p>	<p><b>Vietnamese</b> CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.877.514.2442 (TTY/TDD: 711)</p>	<p><b>Arabic</b> فيوغلا تدعاسملا تامدخ نايف، ةغللا ركذا نثحتت تنك اذا: تطوحم (TTY/TDD: 711) مقرب لصتا. ناجملاب كل رفوتت 1.877.514.2442</p>
<p><b>Pennsylvania Dutch</b> Wann du [Deutsch] schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englischt Schprooch. Ruf selli Nummer uff: Call 1.877.514.2442 (TTY/TDD: 711)</p>	<p><b>Russian</b> ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.877.514.2442 (телетайп: 711)</p>	<p><b>Tagalog</b> PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.877.514.2442 (TTY/TDD: 711).</p>
<p><b>German</b> ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.877.514.2442 (TTY/TDD: 711).</p>	<p><b>Thai</b> ข้ ยน: ถ้ คุนพคภาษาไทยคุนสามารถไขอข้ รการช่ว ยหลอขี้ ทางภาษาไดฟ้ ร โทร 1.877.514.2442 (TTY/TDD: 711).</p>	<p><b>Laotian</b> ໂປດສູບ: ຖ້ ວ່ າ ທ່ າ ນ ດ ັ ວ ື ົ າ ພາສາ ລາວ, ການ ບໍ ລາ ການ ຊ ື ວ ຍ ດ ື ຫ ື ອ ດ ື າ ນ ພາສາ, ໂດ ຍ ື ບ ຸ ດ ສ ື ຈ ື ຈ ື າ, ດ ຸ ມ ື ນ ມ ັ ພ ື ອ ມ ື ທ ື ທ ື າ ນ. ໂທ 1.877.514.2442 (TTY/TDD: 711)</p>
<p><b>Hindi</b> ध्यान द : य द आप हंद बोलते ह तो आपके िलए मु त म भाषा सहायता सेवाएं उपलब्ध ह । 1.877.514.2442. पर कॉल कर । (TTY/TDD:711)</p>	<p><b>Polish</b> UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1.877.514.2442 (TTY/TDD: 711).</p>	<p><b>Albanian</b> KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1.877.514.2442. (TTY/TDD: 711)</p>