



**MEDICAL BENEFITS MUTUAL LIFE INSURANCE CO.
MEDICAL BENEFITS ADMINISTRATORS, INC.
MEDBEN MARKETING SERVICES, INC.
VISIONPLUS OF AMERICA, INC.
("MedBen")**

**REQUEST TO RESTRICT USES AND DISCLOSURES OF
PROTECTED HEALTH INFORMATION**

I, _____ (Insert Covered Person's Name) hereby request that the following restriction(s) be placed on the uses and disclosures of my individually identifiable and protected health information (PHI) by MedBen:

Please provide below a complete and specific description of the type of restrictions you are requesting regarding how and to whom your individually identifiable and protected health information is used and disclosed. Restrictions may only be requested for those uses and disclosures that relate to your treatment, the payment of your health care coverage, the health care operations of your Group Health Plan, or the business operations of MedBen and/or the Covered Person's Group Health Plan.

I understand that neither MedBen nor the Group Health Plan is required to agree to my restriction requests; both are only required to attempt to accommodate reasonable requests when appropriate. I further understand that both MedBen and the Group Health Plan reserve the right to terminate an agreed-to restriction if it feels that termination is appropriate, and that I also have the right to terminate, in writing, any restriction by sending a termination notice to MedBen Chief Privacy Officer. You are hereby notified that MedBen's and/or the Group Health Plan's accommodation of certain restrictions may result in the loss of certain benefits under the Group Health Plan.

Print Name of Covered Person

Covered Person's Signature & Date Signed

If you are a **Covered Person's personal representative**, attach documentation and an explanation of your authority to act for the Covered Person and sign below.

Print Name of Covered Person's Personal Representative

Covered Person's Personal Representative's Signature & Date Signed

No access request will be processed unless the Covered Person or the Covered Person's Personal Representative have signed this form.

MedBen
Chief Privacy Officer
1975 Tamarack Road
Newark, Ohio 43055
(800) 423-3151
(740) 522-8425