



**Request to Restrict MESSA's Use or Disclosure of Protected Health Information (PHI)**

**Requesting Individual** *(Please print)*

First Name		Last Name		Member's Contract Number
Address				Daytime Telephone Number(s)
City	State	ZIP		

*MESSA is authorized by law to use or disclose members' Protected Health Information (PHI) for treatment, payment, health care operations and to persons involved in your care or payment for that care. We do not sell members' PHI to anyone nor do we disclose PHI to companies for marketing purposes. You have the right to request that we restrict our use or disclosure of your PHI for treatment, payment, health care operations, or to persons involved in your care or payment for that care. We are under no obligation to agree to your request. If we agree to your request, our agreement will be in writing and we will then restrict our use or disclosure of your PHI as you requested. We may, however, use or disclose the restricted information in an appropriate medical emergency situation or when the use or disclosure without your written permission is authorized or required by law. If we do not agree to your request we will notify you in writing.*

*You may end the restriction at any time by notifying us in writing. We may end our agreement to restrict use or disclosure of your PHI at any time by notifying you in writing. If you agree with our decision to end the restriction, your PHI will no longer be subject to the restriction. If you disagree, our termination of the restriction will apply only to the PHI that we create or receive after we gave you our written notice terminating the restriction.*

**Please indicate what Protected Health Information (PHI) you want handled in a restricted fashion and the restriction you want us to apply.**

**If you are not the individual named above, please check the appropriate box below and provide a daytime telephone number where you can be reached. Please provide proof of your legal relationship to the individual if the individual is not your minor child.**

Parent  
 Legal Guardian  
 Power of Attorney  
 Personal Representative  
 Other \_\_\_\_\_

**Please sign and date.**

Signature:	Date
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**Sign and return this form to:  
Privacy Officer, MESSA, PO Box 2560, 1475 Kendale Blvd., East Lansing, MI 48826-2560 or Fax to 800.693.5160.  
If you have questions, please call the Privacy Officer at 800.292.4910.**