Termination of Restriction Form

Date: _____ Date of Birth: _____

Member Name: _____ Member CIN: _____

The member named above requested a restriction on the Use and Disclosure of Protected Health Information (PHI) dated [DATE].

☐ The member requests the restriction to be terminated.
Member Signature: _____

If Authorized Representative (please include legal documentation):

Print Name: _____ Relationship to Member: _____

☐ The member agrees to the termination of the restriction.
Member Signature: _____

If Authorized Representative (please include legal documentation):

Print Name: _____ Relationship to Member: _____

☐ CalOptima Health is informing you that the agreement is terminated. The termination is effective only with respect to Protected Health Information (PHI) created or received by us after you received this notification.

☐ The member agreed orally to the termination.
Print Name and Signature of CalOptima Health Representative who received the oral agreement:

_____

For more information about your privacy rights, please refer to your copy of the CalOptima Health Notice of Privacy Practices. A copy can be found on our website: www.caloptima.org, or from CalOptima Health's Customer Service Department by calling **1-714-246-8500** or toll-free at **1-888-587-8088**, Monday through Friday from 8 a.m. to 5:30 p.m. Members with hearing or speech impairments can call our TDD/TTY line at **1-714-246-8523** or toll-free at **1-800-735-2929**. We have staff who can speak your language.

If you believe your privacy rights have been violated, you may file a complaint with CalOptima Health or with the secretary of the Department of Health and Human Services. To file a complaint with CalOptima Health, contact CalOptima Health Customer Service Department at 1-714-246-8500 or write to:

ATTN Customer Service Department
CalOptima Health
505 City Parkway West
Orange CA 92868

CalOptima Health cannot take away your health care benefits or do anything to hurt you in any way if you choose to file a complaint or use any of the privacy rights in this Notice.

Sincerely,

Privacy Officer