



HIPAA REQUEST FOR RESTRICTION OF USE AND DISCLOSURE

HEALTHCARE COOPERATIVE

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, 120 Bishop's Way, Suite 150, Brookfield, WI 53005-6271.



NON-DISCRIMINATION NOTICE AND AVAILABILITY OF LANGUAGE LINE ASSISTANCE SERVICE

Common Ground Healthcare Cooperative (CGHC) complies with applicable Federal civil rights laws and does not discriminate. This means that we do not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation or gender identity.

CGHC provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters, written information in other formats (large print, audio, accessible electronic formats, etc.) We also provide free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services please call us at 877.514.2442.

If you feel that CGHC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation or gender identity, you can file a grievance in person, by mail, fax or email by contacting:

Civil Rights Coordinator: Carrie Loften
Phone Number: 414.269.4684 (TTY: 711)
Fax Number: 262.754.9690
Email: CivilRights@CommonGroundHealthcare.org
Mail: 120 Bishop’s Way, Suite 150
 Brookfield, WI 53005-6271.

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

French ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.877.514.2442 (TTY/TDD: 711)	Spanish ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.877.514.2442 (TTY/TDD: 711)	Chinese 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)
Hmong 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)	Vietnamese 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)	Arabic معلومات همدردية: إذا كنت تتحدث بلغة عربية، يمكنك الحصول على مساعدة لغوية مجانية. اتصل بنا على الرقم 1.877.514.2442 (TTY/TDD: 711)
Pennsylvania Dutch Wann du [Deitsch] schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dir helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1.877.514.2442 (TTY/TDD: 711)	Russian ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.877.514.2442 (телефайн: 711)	Tagalog 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).
German ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.877.514.2442 (TTY/TDD: 711).	Thai ข้ ยม: ถ้า คุณพูดภาษาไทยคุณสามารถขอรับ บริการช่วยเหลือทางภาษาไทยได้ ฟรี โทร 1.877.514.2442 (TTY/TDD: 711).	Laotian ໄປດອຽວ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ຕະຫລົດອອບໃຫ້ທ່ານ. ໂທ 1.877.514.2442 (TTY/TDD: 711)
Hindi ध्यान दें : यदि आप हिंदी बोलते हैं तो आपके लिए मु त म भाषा सहायता सेवाएं उपलब्ध हैं । 1.877.514.2442. पर कॉल करें । (TTY/TDD:711)	Polish UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1.877.514.2442 (TTY/TDD: 711).	Albanian KUJDES: Nëse flitri shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1.877.514.2442. (TTY/TDD: 711)