



## Enrollee Request to Restrict Use and Disclosure of PHI

Based on the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule (45 CFR 164.522(a)(1)), you have the right to request that we restrict how we use your personal information. This means you can ask TennCare to limit how we use your information and who can see it. This could include things like not sharing your information with certain people, or only sharing certain types of information about you when we do share it. Complete the following form to request a restriction.

**After you fill out and sign this form, send it by mail or email to:**

Division of TennCare  
 Attention: Privacy Office  
 310 Great Circle Road  
 Nashville, TN 37243

Privacy.TennCare@tn.gov

### 1. Who is the Enrollee?

Last Name		First Name			MI
ID Number (SSN)	Date of Birth (MM/DD/YYYY)	Phone Number (    )			
Address	City	State	Zip Code		

**Please check one below:**

- I am the Enrollee
- I have the legal right to act for this person. I am the Enrollee's:
  - Parent    Guardian    Other:

### 2. Tell us what restrictions you are asking for.

- **What kind of information would you like restricted?** Be specific and give as much detail as you can. Include dates and types of information.
  
- **What kind of restriction are you requesting?** This can be things like “not to use information for treatment purposes” or “not to share information to a family member.”

- **Who should not receive your information?** This can be things like the names of specific family members or health plans.

### 3. Signature of Enrollee

**I request to restrict TennCare records listed in this form.** See page 3 for more information.

Signature or “X” of Enrollee	Date
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If “X” or if someone helped fill out this form, tell us that person’s name.	
Helper’s Address, City, State, Zip Code	Helper’s Phone Number (    )

### 4. Signature of Assisting Person (if you have one)

An **Assisting Person** is a person who will act for you on things related to your medical care. They are also called an Authorized Representative. This means they can act for you. If the Enrollee is under 18 years old (a minor), a parent or guardian must sign. You must send us a copy of legal proof that says they can act for you. Send it to us within thirty (30) days.

Signature of an Assisting Person, Parent or Guardian	Date
Print Name	Phone Number (    )
Address, City, State, Zip Code	

## **More Important Information:**

Make a copy of both of these pages and keep it for your records. We will also give a copy back to you.

If you are requesting to restrict your TennCare records:

- TennCare does not have to accept your request.
- TennCare can't accept requests to restrict information for certain purposes.
- TennCare can share your restricted information if it is needed for emergency healthcare treatments. If we have to share the restricted information with a provider, we will tell the provider to apply the same restriction.
- If you would like to cancel your restriction, contact TennCare using the information on page 1, or by calling 1-866-797-9469.
- If TennCare needs to cancel your restriction, we will tell you in writing.
- You will get a notice by mail on TennCare's decision.
- For more information about the right to request restrictions on your records, see TennCare Policy PRIV-025 Enrollee Request to Restrict Use and Disclosure of PHI at: <https://www.tn.gov/tenncare/legal/privacy-policies.html>.

## **Your Right to Request Restrictions in your Record:**

- You have a right to ask for restrictions on how the information TennCare has about you is used and shared.
- You have a right to have an answer to your request. TennCare will give you an answer in writing. The answer will also be put in your record. You can have a copy.
- TennCare usually responds within 30 days. If there is a delay in getting you an answer, you will get a letter.
- If you disagree with the answer, you can tell us in writing. TennCare will keep your statement with your record even if TennCare does not approve your request.



**If you want to file a privacy complaint:**

Division of TennCare Attn: Privacy Office 310 Great Circle Road Nashville, TN 37243 Phone: 1-866-797-9469 Email: Privacy.TennCare@tn.gov	Office for Civil Rights U.S. Department of Health and Human Services Sam Nunn Atlanta Federal Center, Suite 16T70 61 Forsyth Street, S.W. Atlanta, GA 30303-8909 Customer Response Center: (800) 368-1019 Fax: (202) 619-3818 TDD: (800) 537-7697 Email: ocrmail@hhs.gov Website: <a href="https://www.hhs.gov/hipaa/filing-a-complaint/index.html">https://www.hhs.gov/hipaa/filing-a-complaint/index.html</a>
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**You will not be punished if you ask for help or if you make a complaint.**

If you need help, call TennCare Connect for free at **1-855-259-0701**.



**For Office Use Only:**

- **Received By (Print Name):** \_\_\_\_\_ **Date:** \_\_\_\_\_
- **Review Date:** \_\_\_\_\_
- **Decision:**  Approved  Denied  Partially Approved
- **If denied or partially approved, reason:**