AULTCARE

MEMBER REQUEST TO RESTRICT USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

I, _____, hereby request that the following restriction(s) be placed on the uses and disclosures of my protected health information by McKinley Life Insurance Company, which also does business under the trade names PrimeTime Health Plan, AultCare HMO, and Aultra, and which is part of an Organized Health Care Arrangement with AultCare Corporation and Aultra Administrative Group, which are affiliated entities.

Please give a full, specific description of the type of restrictions you are requesting regarding how and to whom your protected health information is used and disclosed. Restrictions may only be requested for those uses and disclosures that relate to your treatment, your payment or insurance, or the business operations of AultCare Corporation.

I understand that AultCare Corporation is not required to agree to my restriction requests, but that AultCare Corporation is only required to attempt to accommodate reasonable requests when appropriate. I further understand that AultCare Corporation reserves 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 AultCare Corporation, ATTN: AultCare Privacy Coordinator, P O Box 6029, Canton, OH 44706-0910.

_____

Member Name | Member ID # | Group Number

_____

Name of personal representative, if applicable

_____

Relationship of personal representative to member

_____

Signature of patient (or member's representative) | Date

- P.O. Box 6910 / Canton, OH 44706-0910
- PHONE: 330.363.6360 / TOLL FREE: 1.800.344.8858 / TTY LINE: 330. 363.2393 / 1.866.633.4752
- WEBSITE: www.aultcare.com