



Request for *Personal Health Information* Restriction

Dental Health Services will only disclose Protected Health Information (PHI) to nonaffiliated companies or persons, your employer or anyone else who is not permitted by State or Federal rules or regulations with your authorization.

We restrict the use and disclosure of your PHI except in emergency situations and those required by law and in connection with payment and health care operations essential to providing you with covered benefits under your Dental Health Services' plan.

If you wish to further restrict disclosures of your PHI please complete the following:

In addition to Dental Health Services privacy restrictions, I do not want my PHI shared with the following:

_____ My spouse/domestic partner

_____ My children

_____ Any dentist not contracted (or sub-contracted) with Dental Health Services

_____ Other: _____

Signature

Date

Please sign, date, and fax or mail your request to:

**Privacy Officer
Dental Health Services
936 North 34th Street, Suite 208
Seattle, WA 98103**

Fax: 206.624.8755

If you have any questions or would like any further assistance regarding the protection of your PHI, please contact your Member Services Specialist at **800.63.SMILE** or www.dentalhealthservices.com.