

MEMBER REQUEST TO RESTRICT USES AND DISCLOSURES OF PHI

Members may request that restriction(s) be placed on the uses and disclosures of their protected health information by affiliated entities AultCare Corporation, AultCare Health Insuring Corporation (AHIC) which also does business as PrimeTime Health Plan, PrimeTime Choices, Aultra Administrative Group (AAG), and AultCare Insurance Company (AIC) which also does business as AultCare HMO.

|              |                  |
|--------------|------------------|
| _____        | _____            |
| Member Name  | Date             |
| _____        | _____            |
| Group Number | Member ID Number |

Please give a full and 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 your plan.

The following information should be restricted:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The following people should be restricted from access to my information:

|       |               |
|-------|---------------|
| Name: | Relationship: |
| _____ | _____         |
| _____ | _____         |
| _____ | _____         |

Reason for Access restriction:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

|            |       |
|------------|-------|
| _____      | _____ |
| Print Name | Date  |
| _____      | _____ |
| Signature* | Date  |

*\* Note we will not process any requests that are not signed by you or your representative. If you are the member's representative, please provide documentation or explanation of your authority to act for the member. If you do not have such documentation, please complete the **Authorization for Release of Information Form**.*

Please return the completed form to: ATTN: Privacy Coordinator, PO Box 6029, Canton, OH 44706.

## AultCare/Aultra General Tag Lines for the State of Ohio

### English

If you, or someone you are helping, have questions about **AultCare/Aultra** you have the right to get help and information in your language at no cost. To speak with an interpreter, call **Local: 330.363.6360 Outside Stark County: 1.800.344.8858 TTY Local: 330.363.2393 Outside Stark County: 1.866.633.4752**

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### Spanish

Español

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca **AultCare/Aultra** tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al **Local : 330.363.6360 Fuera del condado de Stark : 1.800.344.8858 TTY Local : 330.363.2393 Fuera del condado de Stark : 1.866.633.4752**

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### Chinese

中文

如果您，或是您正在協助的對象，有關於**AultCare/Aultra**保險公司

方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 本地：330.363.6360 斯塔克縣外：1.800.344.8858 TTY線 本地：330.363.2393 斯塔克縣外：1.866.633.4752。

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### German

Deutsche

Falls Sie oder jemand, dem Sie helfen, Fragen zum **AultCare/Aultra** haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer **Local: 330.363.6360 Außerhalb von Stark County : 1.800.344.8858 TTY –Linie Local: 330.363.2393 Außerhalb von Stark County : 1.866.633.4752** an.

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### Arabic

العربية

العربية، لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون اية تكلفة. للتحدث مع مترجم اتصل ب **AultCare/Aultra** إن كان لديك أو لدى شخص تساعد أسئلة بخصوص شركة التأمين

خارج مقاطعة ستارك: 1.800.344.8858 المحلي: 330.363.6360 الخط TTY خارج مقاطعة ستارك: 1.866.633.4752

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### Pennsylvania Dutch

Deitsch

Wann du hoscht en Froog, odder ebber, wu du helpscht, hot en Froog baut **AultCare/Aultra** hoscht du es Recht fer Hilf un Information in deinre eegne Schprooch griegie, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, kannscht du **Local: 330.363.6360 Außerhalb von Stark County: 1.800.344.8858 TTY –Linie Local: 330.363.2393 Außerhalb von Stark County : 1.866.633.4752** uffrufe.

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### Russian

русский

Если у вас или лица, которому вы помогаете, имеются вопросы по поводу **Страховая компания AultCare/Aultra**, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону **Местный: 330.363.6360 Вне Старка County : 1.800.344.8858 TTY линия Местный: 330.363.2393 Вне Старка County : 1.866.633.4752.**

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### French

Français

Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de **Compagnie d'Assurance AultCare/Aultra**, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, **Appelez Locale 330.363.6360 En dehors du comté de Stark : 1.800.344.8858 ligne ATS Local : 330.363.2393 En dehors du comté de Stark : 1.866.633.4752.**

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### Vietnamese

Việt Nam

Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về **Công ty Bảo hiểm AultCare/Aultra** quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi **Địa phương: 330.363.6360 Bên ngoài của Stark County : 1.800.344.8858 TTY đường dây Địa phương: 330.363.2393 Bên ngoài của Stark County : 1.866.633.4752.**

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### Cushite-Oromo

Isin yookan namni biraa isin deeggartan **AultCare/Aultra**, irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, lakkoofsa bilbilaa **Local: 330.363.6360 Outside of Stark County: 1.800.344.8858 TTY Line Local: 330.363.2393 Outside of Stark County: 1.866.633.4752** tiin bilbilaa.

AultCare/Aultra General Tagline

616/16

## **Korean**

한국어

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 **AultCare/Aultra 보험 회사**에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 **지역 : 330.363.6360 스타크 카운티의 외부 : 1.800.344.8858 TTY 라인 지역 : 330.363.2393 스타크 카운티의 외부 : 1.866.633.4752**로 전화하십시오.

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## **Italian**

Italiano

Se tu o qualcuno che stai aiutando avete domande su **AultCare/Aultra**, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare **Locale: 330.363.6360 Al di fuori di Stark County : 1.800.344.8858 TTY linea Locale: 330.363.2393 Al di fuori di Stark County : 1.866.633.4752**.

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## **Japanese**

日本語

ご本人様、またはお客様の身の回りの方でも **AultCare/Aultra 保険会社**についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、ローカル : 330.363.6360 **スターク郡の外 : 1.800.344.8858 TTYライン ローカル : 330.363.2393 スターク郡の外 : 1.866.633.4752**までお電話ください。

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## **Dutch**

Nederlands

Als u, of iemand die u helpt, vragen heeft over **AultCare/Aultra**, heeft u het recht om hulp en informatie te krijgen in uw taal zonder kosten. Om te praten met een tolk, bel **Local : 330.363.6360 Buiten Stark County : 1.800.344.8858 TTY Line Local : 330.363.2393 Buiten Stark County : 1.866.633.4752**.

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## **Ukrainian**

український

Якщо у Вас чи у когось, хто отримує Вашу допомогу, виникають питання про **Страхова компанія AultCare/Aultra**, у Вас є право отримати безкоштовну допомогу та інформацію на Вашій рідній мові. Щоб зв'язатись з перекладачем, задзвоніть на

**Місцевий : 330.363.6360 Поза Старка County : 1.800.344.8858 TTY лінія Місцевий : 330.363.2393 Поза Старка County : 1.866.633.4752**.

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## **Romanian**

Română

Dacă dumneavoastră sau persoana pe care o asistați aveți întrebări privind **Compania de Asigurari AultCare/Aultra**, aveți dreptul de a obține gratuit ajutor și informații în limba dumneavoastră. Pentru a vorbi cu un interpret, sunați la **Locale : 330.363.6360 In afara Stark Judet : 1.800.344.8858 TTY linie Locale : 330.363.2393 In afara Stark Judet : 1.866.633.4752**.

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### **Non-Discrimination Notice:**

AultCare/Aultra complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. AultCare/Aultra does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. AultCare/Aultra provides free aids and services to people with disabilities to communicate effectively with us, such as: Qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). AultCare/Aultra provides 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, or if you believe that AultCare/Aultra has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can contact or file a grievance with the: AultCare/Aultra Civil Rights Coordinator, 2600 6<sup>th</sup> St. S.W. Canton, OH 44710, 330-363-7456, CivilRightsCoordinator@aultcare.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights staff is available to help you.

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 for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.