



**REQUEST FOR RESTRICTION OF INFORMATION  
(To make information unavailable)**

Date of request: _____ (Month/Day/Year)			
Member's name: _____ First Middle Last			
Member ID number: _____			
Member's date of birth: _____ (Month/Day/Year)			
Member's address: _____ Street address			
City		State	ZIP code
Requestor's name (If different than member): _____ First Middle Last			
Requestor's relationship to the member: _____ Note: Written permission must be on file with Anthem so the information being requested can be released. If this permission is not on file, request a form to designate a Personal Representative and submit it to Anthem. This is not necessary for the parent of a minor child.			
Requestor's phone number: _____			
Please explain what information you would like restricted or made unavailable. _____ _____ _____ _____			
<b>Please complete both sides of this form.</b>			

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(Continued)**

<p>Please list who you would like to restrict (make unavailable) your protected health information (PHI) from.</p> <p>_____</p>			
<p>List the date you would like the restriction to begin: _____ (Month/Day/Year)</p> <p>Would you like to have an end date (not required)? _____ (Month/Day/Year)</p> <p>The start date will not be sooner than &lt;five&gt; business days of receipt of this request by Anthem.</p>			
<p>Please explain the reason for the restriction.</p> <p>_____</p> <p>_____</p> <p>_____</p>			
<p>Please note this information will be reviewed, and this restriction may or may not be granted.</p> <p>Name and signature of requestor or member:</p> <p>_____</p> <table style="width: 100%; border: none;"><tr><td style="width: 40%; border: none;">Print name</td><td style="width: 40%; border: none;">Signature</td><td style="width: 20%; border: none;">Date</td></tr></table>	Print name	Signature	Date
Print name	Signature	Date	

**[anthem.com/inmedicaid](http://anthem.com/inmedicaid)**

Serving Hoosier Healthwise, Healthy Indiana Plan,  
Hoosier Care Connect, and  
Indiana PathWays for Aging

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Do you need help with your healthcare, talking with us, or reading what we send you? We provide our materials in other languages and formats at no cost to you. Call us toll free at 866-408-6131 (Hoosier Healthwise, Healthy Indiana Plan); 844-

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284-1797 (Hoosier Care Connect); 833-412-4405 (Indiana PathWays for Aging); TTY 711.

¿Necesita ayuda con su cuidado de la salud, para hablar con nosotros o leer lo que le enviamos? Proporcionamos nuestros materiales en otros idiomas y formatos sin costo alguno para usted. Llámenos a la línea gratuita al 866-408-6131 (Hoosier Healthwise, Healthy Indiana Plan); 844-284-1797 (Hoosier Care Connect); 833-412-4405 (Indiana PathWays for Aging); TTY 711.