



REQUEST A RESTRICTION FORM

As a UPHP member, I understand that:

- I have the right to ask that UPHP’s uses or disclosures of my health information for treatment, payment, or health care operations be restricted.
- I have the right to ask that UPHP not disclose information about me to friends or family who are involved in my care.
- UPHP is not required to agree to my request.
- If UPHP does agree, then the restriction is binding on UPHP, except as needed to provide me with emergency treatment.

Please explain the restriction you are requesting: _____

Member Name: _____

Member Date of Birth: _____

Member Address: _____

Return completed forms to:

Upper Peninsula Health Plan
 Privacy Officer
 853 W. Washington Street
 Marquette, MI 49855

To be completed by UPHP:	
Requested restriction(s) are:	
<input type="checkbox"/> accepted	<input type="checkbox"/> denied

Upper Peninsula Health Plan (UPHP) MI Health Link (Medicare-Medicaid Plan) Members: Call your Care Coordinator or contact UPHP Customer Service at 1-877-349-9324 (TTY: 711), Monday through Friday from 8 a.m. to 9 p.m. Eastern Time. The call is free.

Upper Peninsula Health Plan (UPHP) Medicaid & Healthy Michigan Plan Members: Call UPHP Customer Service at 1-800-835-2556 (TTY: 711), Monday through Friday from 8 a.m. to 5 p.m. Eastern Time. The call is free.

Upper Peninsula Health Plan (UPHP) MI Health Link (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.

You can get this document free of charge in other formats, such as large print, braille, or audio call 1-877-349-9324 (TTY: 711) Monday through Friday from 8 a.m. to 9 p.m. Eastern Time. The call is free.