



## 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  
3833 Atlantic Avenue  
Long Beach, CA 90807**

**Fax: 562.424.6088**

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](http://www.dentalhealthservices.com).