



## Request for Restriction of Use and Disclosure

Date of Request: \_\_\_\_\_

### Patient/Individual

First Name                                      Middle Initial                                      Last Name                                      Date of Birth

Phone Number (with area code)

Email Address (optional)

### Requestor (if different from Patient/Individual)

Written permission/documentation must be on file for a party to make a request on the patient's behalf.

First Name                                      Last Name                                      Relationship to Patient

Phone Number

Email Address (optional)

### Restriction Type and Time Period

I am requesting Colorado Physician Partners to restrict communication and/or the use and disclosure of my health information as explained below:

### Your Right to Request Restrictions

- You have the right to request restrictions on the communication and/or the use and disclosure of your personal health information held in Colorado Physician Partner records.
- We will consider your request, but we do not have to agree to your request. We will notify you of our decision. Your request and the response will be kept in your record.
- If Colorado Physician Partners agrees to your request, the restricted information will not be used or disclosed.

### Review and Sign

I acknowledge that I have read all of the information on this form.

Signature of Individual or Individual's Legally Authorized Representative

Date

X \_\_\_\_\_

\_\_\_\_\_

Please send this completed form by mail or email to:

Attn: Privacy Officer  
Physician Health Partners  
PO Box 13406  
Denver, CO 80202-9998

[Privacy@Alpine-Physicians.com](mailto:Privacy@Alpine-Physicians.com)



# Notice of availability of services and aids - Colorado

## 1. English

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1- 855-295-1434 (TTY: 711) or speak to your provider.

## 2. Spanish | Español

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1 - 855-295-1434 (TTY: 711) o hable con su proveedor.

## 3. Vietnamese | Việt

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1 - 855-295-1434 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

## 4. Chinese | 中文

注意：如果您讲中文，我们可以免费为您提供语言协助服务。我们还免费提供相应的辅助工具和服务，以无障碍的格式提供信息。请致电 1-855-295-1434 (TxT: 711) 或咨询您的服务提供商。

## 5. Korean | 한국어

주의: 한국어를 사용하시는 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. 또한, 접근 가능한 형식으로 정보를 제공하기 위한 적절한 보조 도구 및 서비스도 무료로 제공됩니다. 1-855-295-1434(TTY: 711)번으로 전화하시거나 서비스 제공업체에 문의하십시오.

## 6. Russian | РУССКИЙ

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1 - 855-295-1434 (TTY: 711) или обратитесь к своему поставщику услуг.

## 7. Amharic | አማርኛ

ማሳሰቢያ፡- አማርኛ የሚናገሩ ከሆነ፣ የቋንቋ ድጋፍ አገልግሎት በነፃ ይቀርብልዎታል። መረጃን በተደራሽ ቅርጸት ለማቅረብ ተገቢ የሆኑ ተጨማሪ እገዛዎች እና አገልግሎቶች እንዲሁ በነፃ ይገኛሉ። በስልክ ቁጥር 1 - 855-295-1434 (TTY: 711) ይደውሉ ወይም አገልግሎት አቅራቢዎን ያናግሩ።

## 8. Arabic | عربي

تامدخو ؤدع اسم لئاسو رفوتت امك. ؤين اجم ؤيوع ل ؤدع اسم تامدخ رفوتت ، ؤيبرعلا ثدحتت تنك اذا : هي بنت عم ثدحتت وأ (TTY: 711) 1-855-295-1434 مقررلا ىلع لصتا فلا ؤلهس غي صرب تامول عمل مي دقتل أن اجم ؤبس انم تامدخلا يمدقم دح

## 10. French | Français

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1- 855-295-1434 (TTY : 711) ou parlez à votre fournisseur.

## 11. Nepali | नेपाली

सावधान: यदतिपाई नेपाली भाषा बोलनुहुन्छ भने तपाईंका लागि निःशुल्क भाषिकि सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायता र सेवाहरू पननिशुल्क उपलब्ध छन्। 1- 855-295-1434 (TTY: 711) मा फोन गर्नुहोस् वा आफ्नो प्रदायकसँग कुरा गर्नुहोस्।

## 12. Tagalog | Tagalog

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1- 855-295-1434 (TTY: 711) o makipag-usap sa iyong provider.

## 13. Japanese | 日本語

注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1- 855-295-1434（TTY：711）までお電話ください。または、ご利用の事業者にご相談ください。

## 14. Cushite (Oromo) | Kushi

HUBACHIISA: Tajaajilli gargaarsa afaanii bilisaa yoo afaan Kushi dubbattan ni argama. Gargaarsi gargaaraa fi tajaajilli barbaachisaan odeeffannoo bifa dhaqqabamaa ta'een kennus kaffaltii malee ni argama. 1- 855-295-1434 (TTY: 711) bilbili ykn dhiyeessaa kee waliin haasa'i.

## 15. Persian | فارسي

وجه: اگر به زبان فارسی

صحبت می کنید، خدمات کمک زبانی رایگان در دسترس است. کمک ها و خدمات مناسب نیز به صورت رایگان برای ارائه اطلاعات تماس بگیرید یا با یک ارائه دهنده (TTY: 711) 1-855-295-1434 در قالب های قابل دسترس در دسترس هستند. با شماره خدمات صحبت کنید