



HIPAA Privacy Form Instructions

HIPAA Privacy Form for:

- CITGO Petroleum Corporation Medical, Dental and Life Insurance Program for Salaried Employees
and
- CITGO Petroleum Corporation Medical, Dental and Life Insurance Program for Hourly Employees

The above mentioned plans are referred to as the “Plan” on the form.

For definition of “Terms” refer to the Privacy Notice which can be viewed on the CITGO intranet or internet Web sites.

**Note: Forms CANNOT be submitted electronically.
Forms must be printed and completed**

Completed forms may be submitted via regular mail to:

CITGO Petroleum Corporation
Benefits Department: N5063
HIPAA Services Contact
P.O. Box 4689
Houston, Texas 77210-4689

or

Completed forms may be submitted via fax to 713-570-5746.

CITGO Petroleum Corporation

Request for Restricted Use of Personal Health Plan Information

Form Received By Date

You have the right to ask the Plan to restrict the use and disclosure of your health information for Treatment, Payment, or Health Care Operations, except for uses or disclosures required by law. You have the right to ask the Plan to restrict the use and disclosure of your health information to family members, close friends, or other persons you identify as being involved in your care or Payment for your care. You also have the right to ask the Plan to restrict use and disclosure of health information to notify those persons of your location, general condition, or death — or to coordinate those efforts with entities assisting in disaster relief efforts. If you want to exercise this right, your request to the Plan must be in writing.

The Plan is not required to agree to a requested restriction, unless the disclosure is for the Plan's Payment or Health Care Operations and is not otherwise required by law, and the health information pertains solely to a health care item or service that has been paid for in full by you or another person, other than the Plan, on your behalf (i.e., an "out-of-pocket payment"). And if the Plan does agree, a restriction may later be terminated by your written request, by agreement between you and the Plan (including an oral agreement), or unilaterally by the Plan for health information created or received after you are notified that the Plan has removed the restrictions. The Plan may also disclose health information about you if you need emergency Treatment, even if the Plan has agreed to a restriction. **Please print, complete and return this form by regular mail or fax.**

1. Employee/Retiree Name	1a. Employee/Retiree Health Plan ID Number or SSN
1b. Employee/Retiree Date of Birth	
2. Name of Person Whose Records You Are Requesting for Restricted Use	2a. Relationship to Employee/Retiree Employee/Retiree Spouse Child Other
3. Your Name (If not Employee/Retiree)	3a. Your Relationship to Person in Box 2 Self Spouse Parent Child Other (please describe relationship):
4. Mailing Address for Records	4a. City, State, Zip Code

Section A: Request to Restrict Use and Disclosure of Personal Health Plan Information

I request that the use and disclosure of personal health plan information for the person in Box 2 be restricted in the manner described below:

I understand that the Plan may deny this request, unless the disclosure relates to an out-of-pocket payment, as described above. I also understand that the Plan may remove this restriction in the future if I am notified in advance.

Section B: Request to Terminate Restricted Use and Disclosure of Personal Health Plan Information

I request that the restriction on the use and disclosure of personal health plan information made on _____ **[Date Initial Request Made]** be terminated. I understand that upon receipt of this form, the Plan will terminate the previously accepted restriction. Once a restriction has been terminated, the Plan will use and disclose personal health plan information as permitted or required by law.

I agreed orally to terminate the restricted use and disclosure of personal health plan information belonging to the person in Box 2 made on _____ **[Date Initial Request Made]**. This serves as formal documentation of that oral agreement.

Signature Date

Rev 09.13