



Requests for Restrictions and Confidential Communications Form

Patient Information (Please Print)

First Name	Middle Initial	Last Name		
Date of Birth	Phone	Email		
Street Address		City	State	Zip

If This is a Request for Restriction (Ex. request to restrict disclosure of your information to your health plan)

Please Provide the Following Regarding the Information You Request to be Restricted:

Date(s) Associated with Info to be Restricted (ex. date of visit, treatment, or other healthcare services)	Description of the information to be restricted (ex. "lab tests", "physician notes")
Description and specifics of your restriction request: Which person or entity should we not share your information with? (ex. "Please do not share my information with my insurance company." "Please do not share with my PCP.")	

By signing this form, you acknowledge that:

- GoHealth is not required to agree to my request unless my request involves a disclosure to my insurance company for payment or health care operations (and not for purposes of carrying out treatment), I have paid for the service out-of-pocket and in full and disclosure is not otherwise required by law.
- Even if a restriction request is accepted, we may disclose restricted information to provide you with emergency treatment. We will ask any parties to which the restricted information was disclosed to limit re-disclosure of that information.
- We have the right to terminate some agreed upon restrictions. If we do so, we will inform you of the termination in writing.
- Your restriction request applies only to GoHealth Urgent Care information. It is your responsibility to inform all other health care providers that are not part of GoHealth Urgent Care of this request.
- This restriction request covers only the dates or types of information listed above.
- If this request is to restrict information from your health plan, you acknowledge this request must be submitted at the time the services you wish to restrict are provided or as soon as possible thereafter. GoHealth Urgent Care cannot guarantee it can honor a restriction request received past the time of service as a claim for services might have already been submitted to your health plan. Where a restriction request is received prior to claim submission to your health plan, you will have one billing cycle to pay in full for services related to the restriction request. Total charges for the services received related to this request may not be known until after your visit and any amounts you pay at the time of your visit may not fully satisfy your out of pocket cost. You agree to pay any remaining amounts once charges have been fully calculated to exercise your restriction rights. If the charges are not paid in full after one billing cycle, the request shall be denied and GoHealth Urgent Care shall submit the claim for payment to your health plan.

If This is a Request for Confidential Communication (Ex. request to contact you at an alternate phone number)

Please Provide the Following Regarding the Information You Request to be Restricted:

I request that GoHealth communicate with me using the following communication method and/or contact information: (Provide detailed instructions regarding your request)

Please indicate the methods and/or contact information we should use to contact you or to submit bills for our services:

- Telephone number: _____
- Email Address: _____
- Address: _____
- Other: _____
- Additional Instructions: _____

NOTE: We will honor your request only if administratively feasible. This request will remain in effect until you notify GoHealth in writing requesting a change.

Print Name	Date
Signature	If this request is signed by the patient's personal representative, specify above the personal representative's authority to act on behalf of the patient

After you have completed this form, please return it:

Via e-mail: compliance@gohealthuc.com

(Important Note: If you choose to send this request via e-mail, please note that sending information via unencrypted email is not secure and while in transit the information can be intercepted and seen by others)

Via mail: Compliance Department, GoHealth Urgent Care
5555 Glenridge Connector, Ste. 700
Atlanta, GA 30342