

# Request for Restrictions on the Use and Disclosure of Protected Health Information



**Complete, sign, date and mail or fax this form to:**

Privacy Office, Sun Life Financial, P.O. Box 419052, Kansas City, MO 64141-6052

Fax no. 816.881.8508

<b>Please complete the following:</b>	
Insured/Member name _____	Last four of SSN _____
If request for dependent, give name and relationship to insured/member _____	
Street address _____	Date of birth _____
City/State/Zip _____	Day phone _____
Employer/Policyholder name _____	Policy/cert. no. or member ID _____

Union Security Insurance Company, Union Security Life Insurance Company of New York or an affiliated prepaid dental company ("the Companies") are required to provide you with the opportunity to request restrictions on the use and disclosure of your protected health information. The Companies are not required to agree to your restriction request. The Companies are only required to attempt to accommodate reasonable requests when appropriate. The Companies reserve the right to terminate any approved restrictions, if it feels that termination is appropriate. Some restrictions of the use and disclosure of your protected health information may prevent or limit the Companies from processing your claim or servicing your account.

You also have the right to terminate any previously approved restrictions by sending a written termination notice to the Privacy Office whose address is located at the top of this form.

Please provide a full and specific description of the types of restrictions you are requesting regarding how you wish your protected health information to be restricted and **to whom** you wish your protected health information be restricted with regard to use and disclosure.

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**We will notify you in writing of the approval or denial of your request.  
If your request is approved, we will provide you with the date your request will be effective.**

By signing this form, I am confirming that it accurately reflects my wishes.

Signature of Requestor \_\_\_\_\_ Date \_\_\_\_\_

**If signed by a Personal Representative:**

Name of Personal Representative \_\_\_\_\_ Phone no. \_\_\_\_\_

Relationship to individual or nature of authority \_\_\_\_\_

Signature of Personal Representative \_\_\_\_\_ Date \_\_\_\_\_

*(If you are the Personal Representative, other than a parent or legal guardian, please attach a copy of any documents verifying your position as Personal Representative.)*

**Please submit a separate form for each individual.**

Insurance products are underwritten by Union Security Insurance Company (USIC) (Kansas City, MO) and administered by Sun Life Assurance Company of Canada (SLOC) (Wellesley Hills, MA) in all states except New York. Prepaid dental products are provided by USIC and are administered by SLOC, and are provided by prepaid dental companies affiliated with SLOC in certain states except New York. Prepaid dental companies are Denticare of Alabama, Inc., United Dental Care of Arizona, Inc., UDC Dental California, Inc., United Dental Care of Colorado, Inc., Union Security DentalCare of Georgia, Inc., United Dental Care of Michigan, Inc., United Dental Care of Missouri, Inc., Union Security DentalCare of New Jersey, Inc., United Dental Care of New Mexico, Inc., UDC Ohio, Inc., United Dental Care of Texas, Inc., and United Dental Care of Utah, Inc. In New York, insurance products and prepaid dental products are underwritten or provided by Union Security Life Insurance Company of New York (Fayetteville, NY) and administered by Sun Life and Health Insurance Company (U.S.) (Lansing, MI).