

Request for Restrictions on Uses and/or Disclosures of PHI

Please note: The ArcelorMittal USA Inc. Benefit Plans and the I/N Tek and I/N Kote Benefit Plan are not required to agree to your request. Please see our Notice of Privacy Practices for more information.

Name _____ Employee/Retiree SSN _____

Address _____

I request that the ArcelorMittal USA Inc. Benefit Plans or the I/N Tek and I/N Kote Benefit Plan restrict the use and/or disclosure of the following types of protected health information (*check all that apply*):

- | | |
|--|--|
| <input type="checkbox"/> Home address | <input type="checkbox"/> Spouse's name |
| <input type="checkbox"/> Home phone number | <input type="checkbox"/> Spouse's phone number |
| <input type="checkbox"/> Medical records pertaining to the following treatment: _____
_____ | <input type="checkbox"/> Other: _____
_____ |

I would like the following limitations placed on any uses and/or disclosures of the protected health information identified above: _____

Signature

Date

FOR INTERNAL USE ONLY: