REQUEST FOR CONFIDENTIAL COMMUNICATIONS

FORM

This form lets you choose where your health information gets sent after your health care visit. Right now, if you do not complete this form, your health information will be sent to the person who pays for the insurance you use. You can ask that the information be sent to a different address or by other means that only you will see. You can do this if you believe that giving your health information to the person paying for your insurance would put you in danger.

Before sending this form to your insurance company, you may wish to contact your insurance company to see if it permits a request to be taken over the phone or by email. If the insurance company requires a written request, complete this form and send it to your insurance company.

Information about Your Insurance Policy (Please Print)

This information is private and will only be used to help your insurance company identify your policy information. Please fill out as much information as you know.

Insurance Company Name: _____

Your Name: _____
Last Name **First Name** **Middle Name**

Date of Birth: _____

Name of the family member who is the policyholder (the person who is paying for the insurance): _____

Address of family member who is the policyholder: _____

_____

Your member ID card number: _____

Group or account number on ID card: _____

If your insurance company has a question about your request, is there a phone number or email address where they can reach you privately? If so, please provide the phone number or email address: _____

REQUEST:

1. Please send any information about my health in the following manner: (such as street address, P.O. Box, or email address*): _____

_____

_____

2. I want my private health information to be sent to me privately because (choose one):

□ **I believe I could be put in danger if all or part of my health information is sent to the policyholder.**

□ **Other (please give reason):**_____

_____

_____

_____

Signature **Date**

*Requests by some alternate manner may not be secure.

NOTE: When your insurance company approves your request, the approval will apply only to private messages from that insurance company. If you change insurance companies, you will need to make a new request to the new insurance company. After you send this form, check back with your insurance company to make sure your request has been processed and approved. It is important to know that until your request is approved, the insurance company may continue to send your private health information to the person who is paying for your health insurance.

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