



Policy Numbers: _____

CONFIDENTIAL COMMUNICATION REQUEST FORM

You have the right to request that we communicate with you on a confidential basis by requesting an alternative means or alternative location to receive our communications. For instance, you may request that we will only call you at work. We will accommodate all reasonable requests. **[NOTE: HEALTH PLANS ARE ONLY REQUIRED BY LAW TO ACCOMMODATE THESE REQUESTS IF THE MEMBER PROVIDES A STATEMENT THAT, WITHOUT SUCH ACCOMMODATION, THE DISCLOSURE OF ALL OR PART OF THE INFORMATION COULD ENDANGER THE MEMBER. EACH HEALTH PLAN MUST DECIDE WHETHER TO LIMIT ACCOMMODATIONS TO THESE ENDANGERMENT SITUATIONS OR TO ACCOMMODATE ALL REASONABLE REQUESTS. IF YOU LIMIT ACCOMMODATIONS TO ENDANGERMENT SITUATIONS, YOU MUST SO STATE.]**

If you wish us to contact you at an address or phone number other than your home address or home telephone, please provide the following information:

Name _____

Address to receive communications _____

Telephone number to receive communications _____

Please describe in as much detail as possible any other alternative means you request we use in communicating with you or any other alternative location not detailed above.

Without such alternative communication, I believe that the disclosure of some or all of the information could endanger me

_____ **[FOR USE IF LIMITING TO ENDANGERMENT SITUATIONS]**

If your request will affect payment of your bills to us, please describe how payment will be handled. _____

Print Name _____

Signature _____

(Note that we will not process any requests that are not signed by you or your representative.)

If member representative, provide documentation or explanation of your authority to act for the member _____
