

CONFIDENTIAL COMMUNICATIONS REQUEST FORM¹

Instructions for filling out this form

Download and print a copy of this form. Mail the completed form to your Health Plan or to the AultCare Privacy Coordinator. This form provides you with general information of your right to request confidential communications from your Health Plan. However, your particular Health Plan may place additional restrictions on that right. Please refer to your Health Plan's Notice of Privacy Practices.

You have the right to request that we communicate with you on a confidential basis by requesting an alternate means or alternate location to receive our communications. For instance, you may request that we will only call you at work. Your Health Plan may have decided to accommodate all reasonable requests or it may have decided only to accommodate such requests if you provide a statement that failing to do so would endanger you. Please refer to your Health Plan's Notice of Privacy Practices to determine whether your Health Plan will accommodate your request.

If you wish us to contact you at an address or phone number other than your home address or home telephone number, 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.

IF YOUR PLAN LIMITS ALTERNATE COMMUNICATIONS TO ENDANGERMENT SITUATIONS

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

¹ Based on copyrighted materials.

IMPORTANT NOTICE: We will provide a copy of this request for restriction to the Third-Party Administrator, AultCare Corporation. This means that all communication to you from AultCare will be sent to the alternate communication location as well.

Print Name _____

Signature _____

Note: 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. _____