

## CONFIDENTIAL COMMUNICATIONS REQUEST FORM

You have the right to request that your Health Plan and ACS Benefit Services, LLC ("ACS") use an alternative address when communicating with you regarding your **Protected Health Information (PHI)**. The Group Health Plan and ACS will accommodate your request if disclosure of your PHI could endanger you, and you provide a reasonable alternative address to which the Group Health Plan and ACS may send all future communications.

Member Requesting Confident	tial Communication	ns:				
Member's Name:			Member's Date of Birth _		/	/
First	Middle	Last		Month	Day	Year
Subscriber ID Number:			_			
Alternative Address: I request that the Group Health F to the following alternative address:		unicate Protected	Health Information regarding	the Member	identifie	d above
Care of (if applicable)						
Street or PO Box						
City		State			Zip Co	de
(Please initial here if a Information regarding me to the SIGNATURE REQUIRED: Signature of Requestor:	he alternative addr	ess that has been		e.		
The Group Health Plan and ACS						
If you are not the Member f following information:	for whom this Con	fidential commu	nications Request is being	made, please	e comple	ete the
Name of Requestor (print your fu	ull name):					
Relationship to Member (i.e., par	rent personal represe	entative, etc.):				
Describe your authority to act for	r the member (e.g. p	ower of attorney,	court order, parent of minor c	hild, etc.):		
You must attach the legal docu	ment naming you a	as the personal re	epresentative if you have not	previously	submitte	d it.
RETURN THIS CONFIDENT		CATIONS REQUICE OF THE EM	MPLOYER	ACY OFFI	CIAL A	Г ТНЕ
Received by:(Privacy Offi	icial – Employer's C	Office)	Date:			
Employer's Name:	iciai – Employer s C	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				

## IMPORTANT INFORMATION FOR THE MEMBER

Upon the Health Plan's receipt of a Confidential Communications Request Form, you will receive a written acceptance or denial of this request at the alternative address you have provided. If you have not alternative address, you need to provide a telephone number where you can be contacted to receive notice of acceptance or denial.

If the Group Health Plan administered by ACS accommodates your request:

- The effective date of this request will be no earlier than the date ACS enters this Confidential Communications Request into its system, typically within five (5) business days following receipt by the ACS Privacy Office.
- If you are not the Subscriber, reasonable accommodation of your request means the Group Health Plan and ACS will not send information about you to the Subscriber except the family accumulators (such as deductibles), ID cards and Summary Plan Descriptions. If the Member requesting Confidential Communications is the Subscriber, ALL communication sent to the Subscriber by mail will be sent to the alternative address of the Subscriber.
- All current Authorizations to disclose your Protected Health Information to others that you have signed and
  that are on file with the Group health Plan and ACS will become inactive as of the date ACS enters your
  request into its system.
- Any Authorization that you sign and submit to the Group Health Plan after ACS has entered your Confidential Communications Request into its system will have an active status and will be honored.
- If we have on record a personal representative that you appointed by signing a legal document (such as a power of attorney), the personal representative will continue to have access to your Protected Health Information. If you wish to discontinue your personal representative's access to your Protected Health Information, please notify the Privacy Official of the Employer's Health Plan in writing. You must either provide the name of the personal representative and a description of the personal representative's authority or attach to your letter a copy of the legal document you have signed to appoint the personal representative.
- If we have on record a personal representative that was appointed by a court to act on your behalf, only the court has the authority to terminate the appointment. Consequently, the court-appointed personal representative will continue to have access to your Protected Health Information.
- If you are a minor and one of your parents requested the confidential communication on your behalf, the
  requesting parent will continue to have access to your Protected Health Information, but you other parent will
  cease to have access.
- If you want to terminate the confidential communications Request, you must notify the Privacy Official of the Employer's Health Plan in writing and provide your Member name, Subscriber ID number and your alternative address.
- Once you terminate this confidential Communications Request, your Protected Health Information that the Group Health Plan and ACS has on record (including information compiled during the period in which the Confidential Communications Request was in effect) will become available again for access by the Subscriber if the Subscriber was not the Member who requested Confidential Communications. However, we will be unable to re-activate the Authorizations that your Confidential Communications Request has rendered inactive. You will have to file another Authorization Request Form to re-instate those Authorizations.

## IMPORTANT INFORMATION FOR THE PRIVACY OFFICIAL AT THE OFFICE OF THE EMPLOYER

Notice to ACS of a Confidential Communications Request does not result in notice to other Business Associates of the Group Health Plan unless the Business Associate Agreement between the Group Health Plan and ACS gives

ACS the authority to execute Business Associate Agreements with other Business Ass Plan.	ociates of the Group Health
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