

OREGON REQUEST FOR CONFIDENTIAL COMMUNICATION

You have the right to have protected health information* sent to you instead of the person who pays for your health insurance plan. You can ask to be contacted:

- At a different mailing address
- By email
- By telephone

To make this request, complete, sign, and send this form to your insurer. You can send it by mail, fax, or email. To find contact information for your health insurance plan, visit:

oregon.gov/DCBS/Insurance/gethelp/health/Pages/confidential-communications.aspx.

Please note: It can take up to 30 days from the date your insurer receives your hard-copy request to process it. Requests made by telephone, email, or online must be implemented by your insurer within 7 days of receipt.

Name of your health insurance company

Your name

Your date of birth

Your insurance member # (if available)

Your insurance group # (if available)

Please tell us how we should contact you. If you mark more than one way, put a "1" next to your first choice, "2" next to your second choice, and so on. Your health plan must contact you through at least one of the communication methods noted below:

- Email to the following email address: _____
- U.S. Mail at this address: _____
- Message through online insurance patient portal: _____
- Phone call to the following number: _____

IMPORTANT! The following section MUST be completed:

1. If a communication cannot be sent in the above selected formats, or if you want information by U.S. mail, provide the address below:

Address

2. Is there a phone number or email to use if there are questions regarding this request?

Email or phone

Signature

Date

PLEASE NOTE: If you change insurance companies, you will need to make a new request to the new insurance company. Until your request is processed, the insurance company may continue to send your protected health insurance to the person who is paying for your health insurance.

You may send your confidential communication form to Providence Health Plan at:

Providence Health Plan
Attn: Customer Service
PO Box 4327
Portland, Oregon 97208-4327

You may fax your confidential communication form to 503-574-8731 or 1-800-425-0199.

Protected Health Information & Non-Discrimination Statement

*Protected Health Information means individually identifiable health information your insurer has or sends out in any form. Confidential communication of protected health insurance covered under this request includes:

- An explanation of benefits notice
- Information about an appointment
- A claim denial
- A request for additional information about a claim
- A notice of a contested claim
- The name and address of a provider, a description of services provided, and other visit information
- Any written, oral, or electronic communication described on this list to a policyholder, certificate holder, or enrollee that contains protected health information

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-878-4445 (TTY: 711) or speak to your provider.

Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-800-878-4445 (TTY: 711) o hable con su proveedor.

中文 (Simplified Chinese)

注意：如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-800-878-4445 文本电话：711) 或咨询您的服务提供者。

中文 (Traditional Chinese)

注意：如果您說中文，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資

訊。請致電 1-800-878-4445 (TTY: 711) 或與您的提供者討論。

Việt (Vietnamese)

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-800-878-4445 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.”

РУССКИЙ (Russian)

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-800-878-4445 (TTY: 711) или обратитесь к своему поставщику услуг.

Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-800-878-4445 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.“

Français (French)

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-878-4445 (TTY : 711) ou parlez à votre fournisseur.

Tagalog (Filipino)

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-800-878-4445 (TTY: 711) o makipag-usap sa iyong provider.”

日本語 (Japanese)

注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-800-878-4445（TTY:711）までお電話ください。または、ご利用の事業者にご相談ください。

한국어 (Korean)

주의: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-800-878-4445 (TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.

العربية (Arabic)

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-800-878-4445 (711) أو تحدث إلى مقدم الخدمة".

हिंदी (Hindi)

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-800-878-4445 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।”

فارسي (Farsi)

توجه: اگر فارسی صحبت می کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب های قابل دسترس، به طور رایگان موجود می باشند. با شماره 1-800-878-4445 (تله تایپ: 711) تماس بگیرید یا با ارائه دهنده خود صحبت کنید.

ភាសាខ្មែរ (Khmer)

សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយ *ភាសាខ្មែរ* សេវាកម្មជំនួយភាសាភតិកិច្ចត្រូវតែមានសម្រាប់អ្នក។ ជំនួយ និងសេវាកម្មដែលជាការជួយដ៏សមរម្យ ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បាន ក៏អាចរកបានដោយភតិកិច្ចផងដែរ។ ហៅទូរសព្ទទៅ 1-800-878-4445 (TTY: 711) ឬនិយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។”

Português do Brasil (Brasillian Portuguese)

ATENÇÃO: Se você fala Português, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-800-878-4445 (TTY: 711) ou fale com seu provedor.”