

CONFIDENTIALITY REQUEST FORM

You have the right to have protected health information* sent to you instead of the person who pays for your health insurance plan. In Washington, sensitive health care services* are required to be confidential, but if you have not requested this information to be sent to a different address or by another means, this information is sent in your name to the address on file. You can ask to be contacted about protected health information and sensitive health services:

- At a different mailing address
- By email
- By telephone
- Through the health carrier's portal

To make this request, complete, sign, and send this form to your health insurance company, or you can call your health insurer and make this request by telephone. You can also use this form to change your contact information or update a previous request with new contact information.

Please note: Requests must be implemented by your health insurer within three 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:

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

Email or phone

Signature

Date

For questions about requesting confidentiality, you can call your health carrier or contact the Office of the Insurance Commissioner at 1-800-562-6900.

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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.

*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:

- Bills and attempts to collect payment for health care services from your health carrier (however, this request does not apply to your health care provider)
- A notice of adverse benefits determination
- An explanation of benefits notice
- 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 from a carrier that contains protected health information

*Sensitive Health Care Services are health care services related to:

- Reproductive health care
- Sexually transmitted diseases
- Substance use disorder
- Gender dysphoria
- Gender affirming care
- Domestic violence
- Mental health

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.

For questions about requesting confidentiality, you can call your health carrier or contact the Office of the Insurance Commissioner at 1-800-562-6900.

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 تاپ: 711) تماس بگیرید یا با ارائه دهنده خود صحبت کنید.

ភាសាខ្មែរ (Khmer)

សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយ *ភាសាខ្មែរ* សេវាកម្មជំនួយភាសាភតតិកត្តិមានសម្រាប់អ្នក។ ជំនួយ និងសេវាកម្មដែលជាការជួយដ៏សមរម្យ ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បាន ក៏អាចរកបានដោយភតតិកត្តិផងដែរ។ 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.”