Providence Health Plan

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:

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

_____

_____ _____

Signature Date

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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 explanations 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 or you may hand deliver it *(if mailing, use only the post office box address listed above)* to the following address:

Providence Health Plan Attn: Customer Service 3601 SW Murray Blvd. #10
Beaverton Oregon 97005-2359

Non-discrimination Statement

Providence Health Plan and Providence Health Assurance comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Providence Health Plan and Providence Health Assurance do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Providence Health Plan and Providence Health Assurance:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
    - Qualified sign language interpreters
    - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:
    - Qualified interpreters
    - Information written in other languages

If you are a Medicare member who needs these services, call 503-574-8000 or 1-800-603-2340. All other members can call 503-574-7500 or 1-800-878-4445. Hearing impaired members may call our TTY line at 711.

If you believe that Providence Health Plan or Providence Health Assurance has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Non-discrimination Coordinator by mail:

Providence Health Plan and Providence Health Assurance
Attn: Non-discrimination Coordinator
PO Box 4158
Portland, OR 97208-4158

If you need help filing a grievance, and you are a Medicare member call 503-574-8000 or 1-800-603-2340. All other members can call 503-574-7500 or 1-800-878-4445. (TTY line at 711) for assistance. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at *https://ocrportal.hhs.gov/ocr/portal/lobby.jsf*, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW - Room 509F HHH Building
Washington, DC 20201
1-800-368-1019, 1-800-537-7697 (TTY)

Complaint forms are available at *http://www.hhs.gov/ocr/office/file/index.html*.

Language Access Information

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-878-4445 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-878-4445 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-878-4445 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-878-4445 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-878-4445 (телетайп: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-878-4445 (TTY: 711) 번으로 전화해 주십시오

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-878-4445 (телетайп: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-878-4445 (TTY: 711) まで、お電話にてご連絡ください。

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-878-4445 (رقم هاتف الصم والبكم: (TTY: 711).

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-878-4445 (TTY: 711).

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-800-878-4445 (TTY: 711)។

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-878-4445 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-878-4445 (TTY: 711).

توجه: اگر به زبان فارسی گفتگو می‌کنید، تسهیلات زبانی بصورت رایگان برای شما میباشد. با تماس 1-800-878-4445 (TTY: 711) می‌باشد.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-878-4445 (ATS : 711).

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-878-4445 (TTY: 711)