

# 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.

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Name of your health insurance company

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Your name

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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: \_\_\_\_\_

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**IMPORTANT! The following section MUST be completed:**

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

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Signature

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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, sexual orientation, religion, gender identity, marital status 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, sexual orientation, religion, gender identity, marital status or sex.

Providence Health Plan and Providence Health Assurance:

- Provides 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)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, you can call us at 503-574-7500 or 1-800-878-4445 (TTY: 711).

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

Providence Health Plan and Providence Health Assurance  
Attn: Ronni Nichuals, Non-discrimination Coordinator  
PO Box 4158  
Portland, OR 97208-4158  
Phone: 503-574-6236  
Fax: 503-574-8757  
Email: Ronni.Nichuals@providence.org

If you need help filing a grievance, call us at 503-574-7500 or 1-800-878-4445 (TTY: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>.

Members of Oregon Plans may file a complaint with the Division of Financial Regulation at 1-888-877-4894 or visit <https://dfr.oregon.gov/Pages/index.aspx>.

Members of Washington Plans may file a complaint with the Washington Office of the Insurance Commissioner electronically through the Office of the Insurance Commissioner Complaint portal available at <https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>, or by phone at 1-800-562-6900 or 1-800-537-7697 (TTY: 711) or visit [www.insurance.wa.gov](http://www.insurance.wa.gov). Complaint forms are available at <https://fortress.wa.gov/oic/online-services/cc/pub/complaintinformation.aspx>.

## 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).

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

**Russian:** ВНИМАНИЕ: Если Вы говорите по-русски, то Вам доступны услуги бесплатной языковой поддержки. Звоните 1-800-878-4445 (телетайп: 711).

**Vietnamese:** CHÚ Ý: Nếu quý vị nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Xin gọi số 1-800-878-4445 (TTY: 711).

**Traditional Chinese:** 注意：如果您說中文，您可以免費獲得語言支援服務。請致電 1-800-878-4445 (TTY: 711)。

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

### Farsi:

توجه: اگر به زبان فارسی صحبت می‌کنید، تسهیلات زبانی به صورت رایگان به شما ارائه می‌شود. با 1-800-878-4445 (TTY: 711) تماس بگیرید.

**Ukrainian:** УВАГА! Якщо Ви розмовляєте українською мовою, для Вас доступні безкоштовні послуги мовної підтримки. Телефонуйте за номером 1-800-878-4445 (телетайп: 711).

**Japanese:** お知らせ: 日本語での通話をご希望の場合、言語支援サービスを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。

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

**Nepali:** ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंले निम्न भाषा सहायता सेवाहरू नि:शुल्क रूपमा उपलब्ध छन्। 1-800-878-4445 (TTY: 711) मा फोन गर्नुहोस्।

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

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Rufnummer: 1-800-878-4445 (TTY: 711).

**Hmong:** LUS CEEB TOOM: Yog tias koj hais lus Hmoob, cov kev pab txhais lus, muaj kev pab dawb rau koj. Hu rau 1-800-878-4445 (TTY: 711).

**Cambodian:** កំណត់សម្គាល់: បើសិនជាអ្នកនិយាយភាសាខ្មែរ

អាចមានសេវាជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃពីលោកអ្នក។ សូមហៅទូរស័ព្ទលេខ 1-800-878-4445 (TTY: 711)។

**Laotian:** ເລືອກ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ຈະມີການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ໂທ 1-800-878-4445 (TTY: 711).