

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