
Request for Confidential Communication at an Alternative Address

In accordance with the Health Insurance Portability and Accountability Act (HIPAA), you have a right to request a confidential communication. This means that you are requesting to receive information at an alternate address or by alternate means.

If you request a confidential communication, written correspondence, Explanations of Benefits (EOBs) and phone calls will be directed to the alternate address and phone you have provided. Please note that any payment information including checks may continue to be issued to the subscriber as they are financially responsible for the benefit policy.

In order to revoke/remove the confidential communication, you must fill out a Confidential Communication Revoke or Change Request Form indicating your desire to do so. If you would like us to communicate confidentially with you at another address other than one previously supplied, you must fill out a Confidential Communication Revoke or Change Request Form with your new address information. When a confidential communication is in place, you cannot update your information through the usual enrollment/eligibility process.

When completing this form, please:

- Complete all sections entirely;
- Print information clearly;
- Provide us with your most current information;
- Be sure to sign and date the form;
- Include an alternate address for mailings (this cannot be the same address as the subscriber or the same address as the one already on file for you).

Please note: If you are a guardian or court appointed representative for the individual you must attach copies of your authorization to represent the individual in order to obtain access to the individual's Protected Health Information (PHI).

Please note that we can only process your confidential communication request with respect to benefits and programs we administer. To obtain a confidential communication beyond your behavioral health and Employee Assistance Program (EAP) healthcare information covered by this form, you must contact each entity that administers your benefit directly.

Please note that by completing this form, you are requesting that communications about your care go directly to you at an alternative address and/or phone number. The Subscriber will not be permitted to receive or access your information if your request is honored.

If you have any questions about filling out this form, please contact a Customer Service Representative at the number on the back of your identification card.

This Request for Confidential Communication at an Alternate Address form is for use by UnitedHealthcare and Optum members and their personal representatives. UnitedHealthcare behavioral health benefits are managed by Optum.

Please return the completed form to:

Fax: 888-371-7011

or

Mail to:

Privacy Administrator

MN101-E013

11000 Optum Circle

Eden Prairie MN 55344

Request for Confidential Communication

This form is used to request communication with you at an alternative address or by alternative means. It must be completed in its entirety to ensure prompt and accurate processing. Please print.

Section 1: Subscriber Identification

Identification Number _____ Group Number _____ Employer _____

Subscriber Name _____

Address _____

City _____ State _____ Zip _____ Phone (_____) _____

Section 2: Member's Current Information (person the Confidential Communication is for):

Member Name _____ Address _____

City _____ State _____ Zip _____ Phone (_____) - _____

Date of Birth _____ Male ___ Female ___

Relationship to Subscriber: Self ___ Spouse ___ Child ___ If other, describe type of relationship _____

Section 3: Alternative Address

Please indicate the address and phone number where you would like to receive all future communication about your care. The address you provide must be different than the subscribers address or mailing address already on file:

Address _____

City _____ State _____ Zip _____ Phone (_____) - _____

If you request a confidential communication, written correspondence, EOBs and phone calls will be directed to the alternate address and phone you have provided. In order to revoke/remove or change the confidential communication you must complete the Confidential Communication Revoke or Change Request Form.

Please provide a phone number where we can reach you if we have questions about this form: (_____) _____

Section 4: Signature of Member or His/Her Personal Representative

I want to be communicated with at the address and phone number provided, or in the manner that I have indicated above.

Signature of Individual: X _____ Date _____

Please note: If you are a guardian or court appointed representative for the individual, you must attach copies of your authorization to represent the individual in order for this request to be processed.

Signature of Personal Representative if applicable: X _____ Date _____

Personal Representative's Name _____ Address: _____

City _____ State _____ Zip _____ Phone (_____) - _____

Relationship to individual and authority to act for individual:
