

Instructions to complete the Highmark Health Options Confidential Communication Request Form

Members have the right to ask us to contact them in a specific way, for example, on a home phone or different address.

Section A: Member Information

1. Write the first and last name of the member who is requesting confidential communications.
2. Write the member's identification number.
3. Write the member's address.
4. Write the member's date of birth.
5. Write the member's telephone number.

Section B: Confidential Communication Information

1. Check the appropriate box whether you are requesting Highmark Health Options to:
 - a. Use another telephone number;
 - b. Use a different mailing address; or
 - c. Other (Please be as specific as possible).
2. Write the other telephone number or different address you are requesting your protected health information be sent.
3. Write the reason you are requesting confidential communication.

Section C: Signature

1. This form must be signed and dated by the member whose information is to be released.
2. If the member is unable to sign this form, a personal representative with legal authority on file with Highmark Health Options may sign and date the form.

Section D: Personal Representatives

If you are completing this form on behalf of a Highmark Health Options member please indicate in this section the legal authority that gives you this right (i.e. Personal Representative form, Healthcare Power of Attorney, legal guardianship, etc.).

If you have not already done so, you will be required to complete an Authorization to Use and Disclose Form and submit it to Highmark Health Options. If the form is not on file when we receive this form, the request will be denied. The form can be obtained and returned in the same manner as the Confidential Communications Request Form.



**Confidential Communications
Request Form**

Section A: Member Information (Please Print)

Member Name:	Member ID:
--------------	------------

Address:

Date of Birth:	Telephone:
----------------	------------

Section B: Request for Confidential Communications

In order to comply with HIPAA Privacy Standards, we provide this form so you can request another method of communication for your Protected Health Information (mailing address, telephone, etc.) safely and confidentially. Your request will be reviewed by our Highmark Health Options Privacy Officer for approval or denial. We will inform you about our decision.

- I also would like Highmark Health Options to use an alternate telephone number when contacting me.
- I also would like Highmark Health Options to use an alternate mailing address when contacting me.
- Other (Please be as specific as possible in the box below).

Alternate Telephone Number:

Alternate Mailing Address:

Other:

Please explain why you request confidential communication by another means or to a different location:

PLEASE FILL OUT THE REVERSE SIDE OF THIS FORM

I understand that Highmark Health Options will accept reasonable requests for confidential communications. I understand that once the request is received and approved, Highmark Health Options will process all my protected health information according to my request.

I understand that if I cancel my request for confidential communication, the restriction will be eliminated from all my protected health information maintained by Highmark Health Options, including health information that was previously protected.

I understand that I have the right to revoke this request at any time by writing to the address below.

Highmark Health Options WV
Attn: Enrollee Services
614 Market St.
Parkersburg, WV 26101

Signature: _____ Date: _____

If this form is signed by someone who is not the member listed at the top of this form, attach any documents (i.e. general power of attorney) that verify the signer's authority to act for the member.

Section D: If you are a Personal Representative filling out this form for a Highmark Health Options member, please write that relationship below and the legal reason that gives you this right (i.e. Power of Attorney, guardian, etc.). If you have not done so, you will be required to fill out an Authorization to Use and Disclose Form and send it to Highmark Health Options. You can get the form and return it in the same way as the Confidential Communications Request Form.

If you are not the member, print your name:	Relationship to member:
Legal form on file:	Telephone number:
Address:	

Discrimination Is Against the Law

Highmark Health Options complies with applicable Federal civil rights laws and regulations and does not discriminate on the basis of race, color, national origin, age, disability, health status, sex, sexual orientation or gender identity. Highmark Health Options does not exclude people or treat them differently because of race, color, national origin, age, disability, health status, sex, sexual orientation or gender identity.

You can 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, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

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

Help in Your Language

Highmark Health Options 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, Braille, audio, accessible electronic formats, other formats).
- Free language services to people whose primary language is not English, such as:
 - Qualified interpreters.
 - Information written in other languages.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card (TTY: 711).

ATENCIÓN: Si usted habla español, se encuentran disponibles servicios de asistencia con el idioma sin costo alguno para usted. Llame al número que figura al dorso de su tarjeta de identificación (TTY: 711).

Si w pale kreyòl ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele nimewo ki sou do kat idantifikasyon w lan (TTY: 711).

注意：如果您讲中文，可以免费为您提供语言协助服务。拨打您的卡背面的号码（听障人士专用号码：(TTY: 711)）。

注：英語を話す場合は、無料の言語支援サービスを利用できます。あなたのIDカードの裏面（：711 TTY）の番号を呼び出します。

ध्यान आपशी: जो तमे गुजराती बोलता होव तो, तमारा माटे भाषा सहायता सेवाओ मुक्तमा उपलब्ध छे. तमारा आइडी कार्ड-नी पाछा आपेवा नंबर पर फोन करे (TTY: 711).

ATTENTION: Si vous parlez français, des services d'assistance linguistique vous sont offerts gratuitement. Veuillez appeler le numéro qui se trouve au verso de votre carte d'identification (TTY : 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 카드 뒷면의 번호로 전화하십시오 (TTY: 711).

ATTENZIONE: Se parla italiano, per Lei sono disponibili servizi di assistenza linguistica gratuiti. Chiami il numero presente sul retro della Sua carta di identificazione (TTY: 711).

LƯU Ý: Nếu quý vị nói Tiếng Việt, luôn có các dịch vụ hỗ trợ ngôn ngữ được cung cấp miễn phí cho quý vị. Vui lòng gọi số điện thoại trên mặt sau của thẻ nhận dạng của quý vị (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen kostenlose Unterstützung in Ihrer Sprache zur Verfügung. Wählen Sie hierfür bitte die Nummer auf der Rückseite Ihrer Ausweiskarte (TTY: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, may maaari kang kuning mga libreng serbisyo ng tulong sa wika. Tawagan ang numero sa likod ng iyong card (TTY: 711).

कृपया ध्यान दे: यदि आप हिनदी बोलते हैं, तो भाषा सहायता सेवाएं आपके लिए नशुल्क उपलब्ध हैं। अपने पहचान कार्ड के पीछे दिए गए नंबर पर कॉल करें (TTY: 711)।

یہاں پر آپ کو، ہندی، عربی/عربی/عربی/عربی، اور دیگر زبانوں میں سہولتیں فراہم کی جاتی ہیں۔ اگر آپ کو ہندی یا عربی میں سہولتیں فراہم کرنے کی ضرورت ہے، تو براہ کرم اپنے کارڈ کے پیچھے دیے گئے نمبر پر کال کریں۔ (TTY: 711)۔

تذکرہ: اگر آپ انگریزی بولتے ہیں، تو آپ کو زبان کی مدد فراہم کی جاتی ہے، جس کی کوئی قیمت نہیں ہے۔ اس کیلئے، براہ کرم اپنے کارڈ کے پیچھے دیے گئے نمبر پر کال کریں۔ (TTY: 711)۔

గమనీక: మేము తెలుగు మాటలలో మాత్రమే మా సహాయక సేవలు, ఖరీదు లేకుండా, మేము లభ్యమవుతున్నాయి. మన సహాయక కార్యక్రమం (TTY: 711) మాకు వ్యతిరేకంగా ఉన్న సంబంధిత కార్యక్రమాలను చేయండి.