



7751 South Manthey Road, French Camp, CA 95231-9802

REQUEST FOR CONFIDENTIAL COMMUNICATIONS

The Health Insurance Portability and Accountability Act gives you the right to request that we send your mail to a different address or call you at a specific telephone number. The Health Plan will accept all reasonable requests. The Health Plan will always do what we can to help you if you feel someone may harm you if they find out about your health information.

The Health Plan will not agree to e-mail your information to you.

You must complete both sides of this form. After you fill out the form, mail or take it to:

Health Plan of San Joaquin
7751 South Manthey Road
French Camp, CA 95231-9802

You may also fax the form to: (209) 461-2550 or
send form to HPSJ through a secured email.

Please tell us why you want us to contact you at a confidential address or telephone number:

Please tell us what address you would like us to mail your health information to:

Street address: _____

City: _____ State: _____ Zip code: _____

Please tell us what telephone number we should use to call you:

The Health Plan will send you a letter or call you to let you know if we accept or deny your request. If we accept your request, you will have to write to us if you later change your mind.

Name of member

Health Plan ID number

Signature of member or personal representative

Date

Note, if you are acting as the Personal Representative of a member, please tell us your relationship to the member:

_____.

You may be required to show us proof of your legal permission to request confidential communications for the member.

Should you have questions about this form, please contact the Member Services department at (209) 942-6320.