

Individual Request for Confidential Communications

PURPOSE: This form is used for an individual's request that CenBen USA, Inc. use alternative means or an alternative location when communicating about protected health information to avoid endangering the individual.

SECTION A: Individual Requesting Confidential Communications

Covered Employee's Name: _____ Employee's SSN: _____ - _____ - _____

Covered Employee's Employer: _____ Current Phone: _____ - _____ - _____

Name of Individual Making Request: _____ Individual's SSN: _____ - _____ - _____

Current Address: _____

SECTION B: To the Individual – Please read the following and complete the information requested

You have the right to request that we communicate about all or part of your protected health information by alternative means or to an alternative location to avoid endangering you. We will accommodate your request if it is reasonable, you state clearly that failure to communicate your protected health information by the alternative means or to the alternative location could endanger you, you provide reasonable alternative means or location for communicating with you, and you provide a satisfactory explanation how any applicable premium or other payments will be handled under the alternative means or location you request. We will not investigate the validity of your claim that failure to communicate with you by the alternative means or location could endanger you. To exercise this right, please complete this Section B.

Please explain why you request confidential communication about your protected health information by alternative means or to an alternative location:

Please explain how any applicable premium or other payments will be handled:

Method of Communication

I request that you communicate with me about my protected health information at the following alternative address. Please provide full information on the alternative location including address and phone number:

I request that you communicate with me about my protected health information by the following alternative means. Please provide full information on the alternative means you want us to use:
