# OREGON
# REQUEST FOR CONFIDENTIAL COMMUNICATION

You have the right to have protected health information* sent to you instead of the person who pays for your health insurance plan. You can ask to be contacted:

- At a different mailing address
- By email
- By telephone

To make this request, complete, sign, and send this form to your insurer. You can send it by mail, fax, or email. To find contact information for your health insurance plan, visit https://dfr.oregon.gov/insure/health/patient-privacy/Pages/insurer-links.aspx.

**Note:** It can take up to 30 days from the date your insurer receives your hard-copy request to process it. Requests made by telephone, email, or over the Internet must be implemented by your insurer within seven days of receipt.

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Name of your health insurance company

Your name

Your date of birth  Your insurance member number (if available)  Your insurance group number (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:_____

_____

☐ Text to the following phone number:_____

☐ Message through online insurance patient portal: _____

☐ Phone call to the following number:_____

**IMPORTANT! The following two sections MUST be completed:**

1. If a communication cannot be sent in the above selected formats, or if you want information by U.S. mail, provide the address below:
   _____
2. Is there a phone number or email to use if there are questions about this request?
   _____

_____

Signature  Date

**NOTE**: If you change insurance companies, you 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:

An explanation of benefits notice
Information about an appointment
A claim denial
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 described on this list to a policyholder, certificate holder, or enrollee that contains protected health information

DCBS
Consumer and Business Services