

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. Health Plan of San Joaquin/ Mountain Valley Health Plan ("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 this form. After you fill out the form, mail or take it to:

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

You may also fax the form to: **1-209-461-2550** or send to Health Plan through a secured email.

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| Please tell us why you want us to contact you at a confidential address or telephone number: | | | |
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| Please tell us what address you would like us to mail your health information to: | | | |
| Street Address: | City: | State: | Zip Code: |
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| Please tell us what telephone number we should use to call you: | | | |
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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.

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|-------------------------------------------------------|------------------------------|
| Print 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:

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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 **1-209-942-6320**.