

Request for Confidential Communications

This form lets you choose where your health information gets sent after your health care visit. Right now, if you do not complete this form, your health information will be sent to the person who pays for the insurance you use. You can ask that the information be sent to a different address or by other means that only you will see. You can do this if you believe that giving your health information to the person paying for your insurance would put you in danger.

Before sending this form to your insurance company, you may wish to contact your insurance company to see if it permits a request to be taken over the phone or by email. If the insurance company requires a written request, complete this form and send it to your insurance company.

**Please mail this form to: CareFirst BlueCross BlueShield, Privacy Office, PO Box 14858, Lexington, KY 40512.
Or, fax to: 1-410-505-6692.**

INFORMATION ABOUT YOUR INSURANCE POLICY (PLEASE PRINT)		
This information is private and will only be used to help your insurance company identify your policy information. Please fill out as much information as you know.		
Name of Your Insurance Company CareFirst, Inc.		
Your Name (Last Name, First Name, MI)		
Your Date of Birth	Your Member ID	Group or Account Number on ID Card
If your insurance company has a question about your request, is there a phone number or email address where they can reach you privately? If so, please provide the phone number or email address.		
Phone	Email	

INFORMATION ABOUT THE POLICYHOLDER (THE PERSON WHO PAYS FOR THE INSURANCE)		
Last Name, First Name, MI		
Street	Apt #	
City	State	ZIP

REQUEST	
1. Please send any information about my health in the following manner: (such as street address, P.O. Box, or email address*):	
2. I want my private health information to be sent to me privately because (choose one): <div style="margin-left: 40px;"> <input type="checkbox"/> I believe I could be put in danger if all or part of my health information is sent to the policyholder. <input type="checkbox"/> Other (please give reason): </div>	
Signature	Date

NOTE: When your insurance company approves your request, the approval will apply only to private messages from that insurance company. If you change insurance companies, you will need to make a new request to the new insurance company. After you send this form, check back with your insurance company to make sure your request has been processed and approved. It is important to know that until your request is approved, the insurance company may continue to send your private health information to the person who is paying for your health insurance.

*Requests by some alternate manner may not be secure.