

KEEP IT CONFIDENTIAL.

Confidential Communications Request

As of January 1, 2015, California law* requires insurers to honor this request

Name of Your Health Insurance Company

Your Name

Your Date of Birth

Your Insurance Member #

I am contacting you to request: (Please mark one or both statements below)

_____ All medical information about the sensitive services I receive using my health insurance including where and when I receive health care be sent directly to me. ("Sensitive services" include sexual and reproductive health care, mental health, sexual assault counseling and care and treatment for alcohol and drug use.)

_____ All information about the health care I receive using my health insurance including where and when I receive care be sent directly to me because disclosure of all or part of this information could lead to harm or could subject me to harassment or abuse. **(You will never be asked to explain why you feel this way.)**

I _____ request that communications containing any of the above information be sent to me as available as follows:

Please mark the way(s) that are safe for you to receive information. 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 is required to contact you through at least one of the communication methods noted below.

_____ Email to the following email address: _____

_____ Message through my online insurance patient portal: _____

_____ Text to the following telephone #: _____

_____ U.S. Mail at the address below

_____ Other (please describe): _____

IMPORTANT! The following two sections MUST be completed:

1. If a communication cannot be sent in the above selected format(s) and/or I prefer receiving information by U.S. mail, please use the address below:

2. Is there a phone number or email to use if there are questions regarding this request?

This request is valid until I submit a revocation or a new request.

Signature: _____ **Date:** _____

*As of January 2015, California law obligates health insurers to honor a Confidential Communications Request (CCR) when the CCR requests that "sensitive services" information, as defined in the law, be kept from the policyholder, or when the CCR requests confidentiality of all health service information because disclosure of the information to the main policy holder could lead to harm or harassment. Under California law, when a CCR is submitted, health insurers must send communications directly to the insured individual noted above and NOT the holder of the policy. To comply with California law, health insurers must implement CCRs within 7 days of their receipt by electronic transmission or 14 days of receipt by first class mail. See Cal. Civ. Codes 56.05 and 56.107 and Cal. Insurance Codes 791.02 and 791.29.

KEEP IT CONFIDENTIAL.

Your health insurance plan does NOT keep your health information private unless...

YOU TAKE ACTION.

If you have health insurance under another person's health plan—like your parent or spouse—your health plan will send them information on WHERE and WHEN you access health care and WHAT health care services or tests you receive.

If you want to Keep it Confidential—submit a Confidential Communications Request to your health plan. They will have to accept it, NO QUESTIONS asked if you:

- Get sensitive services like birth control, STD/pregnancy tests or mental health care OR
- Think you could be at risk if your private health information about any health care service was shared.



3 SIMPLE STEPS

1 Know your health plan and policy number

2 Contact your health plan

3 Submit a confidential communications request

Learn more about how you can
KEEP IT CONFIDENTIAL during your visit or at:

myhealthmyinfo.org