



Dear Member,

Inside is a Confidential Communications Request form which lets you request that we use different means or a different location when communicating with you. You or someone else has asked for this form on your behalf.

Below are steps for each section. You can use this as a checklist.

- SECTION 1:** Your info
- SECTION 2:** Reason for request
- SECTION 3:** Location of contact
- SECTION 4:** Sign and date
- SECTION 5:** Return this form

- ✓ All sections must be filled out or the form will not be processed
- ✓ This form does not take effect until Meridian receives it
- ✓ A response approving or denying your request will be sent to you within 30 days of us receiving this completed form
- ✓ We are only required to accommodate requests required by law

Please call Member Services at **888-437-0606** or email **privacy.mi@mhplan.com** if you have questions or need help filling out this form.

[www.mimeridian.com](http://www.mimeridian.com)

**1-888-437-0606 (TTY: 711)**

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# Confidential Communications Request

This form allows you to request that we communicate with you about all or part of your protected health information by alternative means or at an alternative location.

## SECTION 1: YOUR INFO

Name (First and Last): \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Member ID#: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## SECTION 2: REASON FOR REQUEST

Please tell us why we should approve your request:

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## SECTION 3: HOW TO CONTACT (CHOOSE ALL THAT APPLY)

What type of info: \_\_\_\_\_

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Alternative means to contact for this info (select all that apply):

**Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Alternate Address:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Special instructions for contact:

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# Confidential Communications Request

## SECTION 4: SIGN AND DATE

Who is signing?

Member listed above  Parent of minor member listed above  Someone other than member\*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (printed): \_\_\_\_\_

\*Description of authority to act on behalf of the member (e.g. guardianship, durable power of attorney, court order, parent of minor child, etc.): \_\_\_\_\_

You must attach the legal records shown above that name you as the representative of this member. There will be delays in this request if you do not give us this info.

## SECTION 5: RETURN THE FORM

Send us a copy of this form by choosing one of the following:



Fax this form to **313-294-5573**



Email this form to **privacy.mi@mhplan.com**



Send this form by mail to the address below: **Meridian**

**Attn: Privacy Officer  
1 Campus Martius, Suite 700  
Detroit, MI 48226**