

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 to each section on the form. You can use this as a checklist.			
SECTION 1: Your info	☐ <b>SECTION 4:</b> Sign and date		
SECTION 2: Reason for request	SECTION 5: Return this form		
SECTION 3: Location of contact			

- ✓ 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 1-888-437-0606 (TTY: 711) or email privacy.mi@mhplan.com if you have questions or need help filling out this form.

## **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	ON 1: YOUR INFO			
Name (First and Last):		Date of Birth (mr	Date of Birth (mm/dd/yyyy):		
Member ID#:		Phone:			
Address:	City:	State:	Zip:		
	SECTION 2: I	REASON FOR REQUEST			
Please tell us why we should a	pprove your request:				
SECT	TION 3: HOW TO CO	NTACT (CHOOSE ALL TH	AT APPLY)		
What type of info:					
Alternative means to contact f	for this info (select all	that apply):			
Phone Number:					
☐ Email:					
Alternate Address:					
Address:	City:	State:	Zip:		
Special instructions for contact	et:				
	<del></del>				

## **Confidential Communications Request**

## **SECTION 4: SIGN AND DATE**

Who is signing?	
☐ Member listed above ☐ Parent of minor membe	r listed above 🔲 Someone other than member*
Signature:	Date:
Name (printed):	
*Description of authority to act on behalf of the memborder, parent of minor child, etc.):	per (e.g. guardianship, durable power of attorney, court
	ame you as the representative of this member. There will be

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 **1-833-560-2912**
- Email this form to privacy.mi@mhplan.com
- Send this form by mail to the address below:

Meridian
Attn: Privacy Official
777 Woodward Ave, Suite 700
Detroit, MI 48226

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