CONFIDENTIAL COMMUNICATION REQUEST

You have the right to have protected health information* sent to you instead of the person who pays for your health insurance plan.

To make this request, complete, sign, and submit this form to us. You can send it by mail, fax, or email:

Moda Health / Delta Dental of Oregon / Summit Health
Attn: Privacy Department
601 SW 2nd Ave
Portland, OR 97204

Privacy@modahealth.com

Fax: 503-412-4068

Note: It can take up to 30 days from the date we receive your request to process it.

Member Information

Your name	
Your date of birth	
Your insurance member number (if available)	
Your insurance group number (if available)	
Address (Required)	
Telephone Number (Optional)	
Email Address (Optional)	

_____

Signature of Authorized Representative Date

NOTE: If you change insurance companies, you need to make a new request to the new insurance company. Until your request is processed, we may continue to send your protected health insurance to the person who is paying for your health insurance.

Important Information About Confidential Communications

*Protected Health Information means individually identifiable health information your insurer has or sends out in any form. Confidential communication of protected health insurance covered under this request includes:

- An explanation of benefits notice
- Information about an appointment
- A claim denial
- A request for additional information about a claim
- A notice of a contested claim
- The name and address of a provider, a description of services provided, and other visit information
- Any written, oral, or electronic communication described on this list to a policyholder, certificate holder, or enrollee that contains protected health information

Confidential Communication requests must be made in writing.

You must provide a complete address for communicating with you.

A new Member ID Number will be created for you upon receipt of this form to facilitate future confidential communications.

A request for Confidential Communications may also be made by your Authorized Representative on your behalf. An Authorized Representative is a person who has legal authority to make health care decisions for you (such as a Power of Attorney, guardianship). A copy of the documentation supporting their legal authority must be on file at the Health Plan or accompany this form.

The subscriber may request and may receive summary information relevant to co-pays, deductibles, etc., but detailed information regarding the service will not be disclosed. You should be aware that the subscriber might question why deductibles are met when they have not received an Explanation of Benefits (EOB) reflecting the deductible change. Your Health Plan will not disclose your PHI, but the subscriber may approach you to discuss the noted changes.

A Confidential Communication request that is granted by this Health Plan applies only to communications that this Health Plan makes. It does not apply to communications made by other entities that may have access to your PHI such as your doctor, your employer, or other Health Plans offered by your employee