

Request for Restriction on Manner/Method of Confidential Communications Form

Date of Request: _____

Member Name: _____

Date of Birth: _____

Member CIN: _____

Telephone Number: _____

You may request to receive confidential communications of Protected Health Information (PHI) by different ways or to a different address. For instance, you may not want your health records or your member information to go to your home where a family member might see it.

We will agree to these requests when there is a risk of personal harm to you because of Protected Health Information (PHI) sent from CalOptima.

- I request that CalOptima send all communications regarding my Protected Health Information (PHI) to the address or telephone number of record on enrollment information due to the danger to myself.**

The other address or method of reaching me is (you must provide an alternate address in order for CalOptima to accommodate your request for Confidential Communication):

Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

YOUR RIGHTS:

For more information about your privacy rights, please refer to your copy of the CalOptima Notice of Privacy Practices. A copy can be found on our website: www.caloptima.org, or from CalOptima's Customer Service Department by calling **1-714-246-8500** or toll-free at **1-888-587-8088**, Monday through Friday from 8 a.m. to 5:30 p.m. Members with hearing or speech impairments can call our TDD line at **1-800-735-2929**. We have staff who can speak your language.

If you believe your privacy rights have been violated, you may file a complaint with CalOptima or with the secretary of the Department of Health and Human Services. To file a complaint with CalOptima, contact CalOptima Customer Service Department at **1-714-246-8500** or write to:

CalOptima
Customer Service Department
505 City Parkway West
Orange, CA 92868

CalOptima cannot take away your health care benefits, or do anything to hurt you in any way if you choose to file a complaint or use any of the privacy rights in this Notice.

SIGNATURE:

Member Signature: _____

If Authorized Representative (please include legal documentation):

Print Name: _____

Relationship to Member: _____