

Confidential Communications Request

As of January 1, 2015, California law* requires your health plan to honor this request

TO: Scripps Health Plan
10790 Rancho Bernardo Rd., 4S-300
San Diego, CA 92127
Or you can fax it to **858-964-3102**

Member Name

Member Date of Birth

Member Insurance ID #

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** and not to my family members. ("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 and not to my family members** 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.)

_____ U.S. Mail: _____

_____ 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 we can use to contact you if we have 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.