## **KEEP IT CONFIDENTIAL.**

## Confidential Communications Request As of January 1, 2015, California law\* requires insurersto honor this request

TO:			
	Name of Your Health Insurance	Company	
FROM			
	Your Name		
	Your Date of Birth	Your Insurance Member #	
I am c	contacting you to request:(Pl	ease mark one or both statements below)	
	All medical information about the sensitive services receive using my health insurance including where and when I receive health carebe 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.)		
	Allinformationabout 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 harmor could subject me to harassment or abuse. (You will never be asked to explain why you feel this way.)		
-	lest that communications co ableas follows:	ntaining any of the above information be sent to me as	
	a "1" next to your first choice, "2	e safe for you to receive information. If you mark more than one way, put "next to your second choice and so on. Your health plan is required to e of the communication methods noted below.)	
	Email to the following er	nail address:	
		lline insurance patient portal:	
	Textto the following telep	phone #:	
	U.S. Mail at the address	below	
	Other(please describe):		
	IMPORTANT! The	e following two sectionsMUST be completed:	
	If a communication cannot be by U.S. mail, please usethe actions.	sent in the above selected format(s)and/or I prefer receiving information ddress below:	
	2. Is there a phone number or en	mail we can use to contact you if we have questions regarding this request	
This re	equest is valid until I submit a r	revocation or a new request.	
Signa	•	Date:	
Jigila		Date.	

<sup>\*</sup>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.

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## **How to Submit a Confidential Communications Request**

Follow these steps to submit your Confidential Communications Request to your health insurance plan, and ensure your health information stays private and secure.

- 1. Fill out the Confidential Communications Request Form as completely as possible.
- 2. Call your health insurance plan's member services department to ask how to submit the CCR form. You can find the toll-free number on your health insurance card.



- 3. You can use this script to talk to your health insurance company:
  - Hello, my name is \_\_\_\_\_\_\_\_.
  - My policy number is #\_\_\_\_\_ [state your policy number]
  - I am covered under my parent's/spouse's health insurance policy.
  - I don't want my health service information to be listed on any insurance documents you send to my parents/spouse.
  - Under California's new Confidential Health Information Act, I can submit a Confidential Communications Request to you so that you don't send information about my health services to my parents/spouse.
  - I already filled out the confidential communications request form. What is the best way to submit it to you? Should I email, fax, or mail it to you?
  - Can you please confirm that my request form has been processed? You can contact me at \_\_\_\_\_\_if you have questions.
  - Thank you!
- 4. Submit your Confidential Communications Request form as directed by your insurer: email, fax, or mail.
- 5. Confirm that the CCR has been received and your information is protected <u>before you</u> <u>receive services</u> or treatment. If you submitted the CCR via phone, email, or fax call your health plan in 7 days. If you submitted the CCR via post mail call them in 14 days.

Need help? Check out our help page at <a href="http://www.myhealthmyinfo.org/contact-us">http://www.myhealthmyinfo.org/contact-us</a>

