blue california

REQUEST FOR CONFIDENTIAL COMMUNICATION OF PROTECTED HEALTH INFORMATION

You may use this form to request that Blue Shield of California communicate your Protected Health Information ("PHI") to a confidential mailing address, email address, or telephone number. If you choose not to use this form, please submit all information requested in this form in writing to Blue Shield at the mailing address, email address, or fax number at the bottom of the form.

Your request will apply only to PHI communicated by Blue Shield of California and its business associates. Your request may be denied if it cannot be reasonably accommodated. If your request is granted and you later change your address, or if your Subscriber identification number changes, you must resubmit a new request for Confidential Communications by sending a written request to Blue Shield of California. You may revoke your request for Confidential Communications by sending a written request to Blue Shield of California at the mailing address, email address, or fax number at the bottom of the form.

1. Individual requesting Confidential Communication of PHI:

Name:

Subscriber ID number:

Phone number:

Date of birth:

Email address:

2. I request that Blue Shield of California communicate my PHI to me through the following:

☐ Confidential Mailing Address:

☐ Confidential Phone Number:

☐ Confidential Email Address:

3. Signature of individual, parent of minor child, or personal representative:

Signature **Date**

Printed Name:

Legal representatives or guardians

If this form is signed by someone other than the Individual or the parent of a minor, such as a personal/legal representative or guardian, you must also submit documentation establishing your legal authority to act on behalf of the Individual with respect to their healthcare/PHI. Such documentation may include:

1. HIPAA Authorization;
2. Health Care Power of Attorney;
3. Guardianship papers; or
4. Other valid documentation establishing your legal authority to act on behalf of the Individual.

Representative's name (print):

Relationship to Member:

Type of documentation submitted:

Representative's Signature:

You may return this completed and signed form via one of these options:

Mail: Blue Shield of California Privacy Office, PO Box 272540, Chico CA, 95927-2540
Email: privacy@blueshieldca.com
Fax: 1-800-201-9020

The company complies with applicable state laws and federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, ethnic group identification, medical condition, genetic information, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, mental disability, or physical disability. La compañía cumple con las leyes de derechos civiles federales y estatales aplicables, y no discrimina, ni excluye ni trata de manera diferente a las personas por su raza, color, país de origen, identificación con determinado grupo étnico, condición médica, información genética, ascendencia, religión, sexo, estado civil, género, identidad de género, orientación sexual, edad, ni discapacidad física ni mental. 本公司遵守適用的州法律和聯邦民權法律，並且不會以種族、膚色、原國籍、族群認同、醫療狀況、遺傳資訊、血統、宗教、性別、婚姻狀況、性別認同、性取向、年齡、精神殘疾或身體殘疾而進行歧視、排斥或區別對待他人。