

Request for Confidential Communications

I hereby request that the health information detailed below be sent by alternative means or to an alternative location. I understand ConnectiCare may place conditions on the request based on reasonable accommodations.

Please be aware that ConnectiCare will make a reasonable and good faith effort to meet your request for delivery of information by an alternate means or method. However, we will continue to pay claims and conduct normal plan operations, including providing deductible amounts to the subscriber on the Explanation of Coverage notice. The deductible information could potentially include information related to the information you described below.

Specific information that requires an alternate communication method:

Date(s) of service: _____

Physician(s)/Providers: _____

Treatment/Diagnosis: _____

Lab results from: _____

Other (please describe in detail): _____

Reason for Request:

Disclosure of all or part of the information listed above could endanger me if received by someone else.

Other (please describe): _____

What is the requested length of time for this alternate communication? _____

Please select the preferred method to accommodate your request:

Send by mail to the following address:

Fax the information to : (____)____ - _____

Other (please describe): _____

Please print the following information:

Member Name: _____ Member ID #: _____

Address: Group ID #: _____

Date of Birth: _____ Telephone #: _____

Signature of Member or Authorized Representative: _____

Date: _____

If signed by Authorized Representative, relationship to Member: _

If signed by legal representative, please provide representative documentation as required by state law (e.g. Power of Attorney, Living Will, Guardianship papers).

Send to Customer Service at: ConnectiCare, P.O. Box 4050, Farmington, CT 06034-4050

ConnectiCare, Inc. is an HMO/HMO-POS plan with a Medicare contract. Enrollment in ConnectiCare depends on contract renewal. ConnectiCare Insurance Company, Inc. is an HMO SNP plan with a Medicare contract and a contract with the Connecticut Medicaid Program. Enrollment in ConnectiCare depends on contract renewal.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-224-2273 (TTY: 1-800-842-9710). ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-224-2273 (TTY: 1-800-842-9710).

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MedicareReqForConfidentialCommunications

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