

# KEEP IT CONFIDENTIAL.

## 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** below 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 **before you receive services** 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 <http://www.myhealthmyinfo.org/contact-us.e>



**Health Insurance Company**  
*Quality health care for all*

Your Name  
Member ID # XXX-XXX  
Member Services (800) XXX-XXX

\*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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## Confidential Communications Request

As of January 1, 2015, California law\* requires insurers to honor this request

TO:

\_\_\_\_\_  
Name of Your Health Insurance Company

FROM:

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Your Date of Birth

\_\_\_\_\_  
Your Insurance Member #

**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. )

- \_\_\_\_\_ Email to the following email address: \_\_\_\_\_
- \_\_\_\_\_ Message through my online insurance patient portal: \_\_\_\_\_
- \_\_\_\_\_ Text to the following telephone #: \_\_\_\_\_
- \_\_\_\_\_ U.S. Mail at the address below
- \_\_\_\_\_ 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:** \_\_\_\_\_