

Request for Confidential Communications

Purpose: Use this form to ask us to communicate with you by an alternate way or address to avoid putting you in danger.

Member Information

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip Code _____

Phone # _____ Email _____ BCBSAZ ID# _____

Please Read this Notice:

You can ask us to communicate with you in a different way or at a different address to protect you from danger. We will agree if:

- Your request is reasonable
- You could be in danger if we do not agree to the request
- You give us a reasonable way or address to communicate with you.

Note: We may still send payments to the person named on the policy even if we accept your request.

Why do you need us to communicate with you by an alternate way or address? _____

What information do you want to protect by this request? _____

If you want us to communicate with you by an alternate way, please enter it here:

If you want records mailed to an alternate address, please enter it here:

Signature

Signature _____ Date _____

If you are the personal representative of the member, complete this:

Representative's Name: _____ Relationship to Member: _____

(Note: If you are filling out this form for someone else, please tell us why you can do this. Also, attach a copy of any legal papers that apply.)

YOU CAN GET A COPY OF THIS REQUEST

Please send the completed form to us. You can mail it to: BCBSAZ Privacy Office, Mail Stop C300, P.O. Box 13466, Phoenix AZ 85002-3466. Email it to: privacy@azblue.com or Fax it to (602) 544-5661.

For questions about completing this form, call 602-864-2255 or 800-232-2345 Extension 2255 or email privacy@azblue.com.

Notice of Non-Discrimination

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call 602-864-4884 for Spanish and 877-475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, 602-864-2288, TTY/TDD 602-864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.