



REQUEST FOR RESTRICTION ON MANNER/METHOD OF CONFIDENTIAL COMMUNICATIONS FORM

Date of Request: _____

Member Name: _____ Date of Birth: _____

Member CIN: _____ Telephone Number: _____

You may request to receive confidential communications of Protected Health Information (PHI) by different ways or to a different address. For instance, you may not want your health records or your member information to go to your home where a family member might see it.

We will agree to these requests when there is a risk of personal harm to you because of Protected Health Information (PHI) sent from CalOptima Health.

I request that CalOptima Health not to send any communications regarding my Protected Health Information(PHI) to the address or telephone number of record on enrollment information due to the danger to myself.

The other address or method of reaching me is (you must provide an alternate address in order for CalOptima Health to accommodate your request for Confidential Communication):

Address: _____ Apartment #: _____

City: _____ State: _____ Zip Code: _____

YOUR RIGHTS:

For more information about your privacy rights, please refer to your copy of the CalOptima Health Notice of Privacy Practices. A copy can be found on our website: www.caloptima.org, or from CalOptima Health's Customer Service Department by calling **1-714-246-8500** or toll-free at **1-888-587-8088**, Monday through Friday from 8:00 a.m. to 5:30 p.m. Members with hearing or speech impairments can call our TTY at 711. We have staff who can speak your language.

If you believe your privacy rights have been violated, you may file a complaint with CalOptima Health or with the secretary of the Department of Health and Human Services. To file a complaint with CalOptima Health, contact CalOptima Health Customer Service Department at **1-714-246-8500** or write to:

**ATTN Customer Service Department
CalOptima Health
505 City Parkway West
Orange CA 92868**



CalOptima Health cannot take away your health care benefits or do anything to hurt you in any way if you choose to file a complaint or use any of the privacy rights in this Notice.

SIGNATURE:

Member Signature: _____

If Authorized Representative (please include legal documentation):

Print Name: _____ Relationship to Member: _____