



Confidential Communication Request Form

You have the right to request that we communicate with you on a confidential basis by requesting an alternative means or an alternative location to receive our communications. For instance, you may request that we send your Explanation of Benefits only to your work address. We will accommodate all reasonable requests for confidential communication. If you wish us to contact you at an address or phone number other than your home address or telephone, please provide us with the following information:

Member Information

Name _____ Date of Birth ____/____/____

Address _____

Phone _____ E-mail Address _____

OSU Employee/Subscriber Information

Name _____ Employee ID _____

Address to receive communications:

Phone number to receive communications:

Please describe in as much detail as possible any other alternative means you request we use in communication with you or any other alternative location not detailed above.

Do you believe that without this alternate communication, the disclosure of some or all of your information could endanger you? _____ Yes _____ No

Signature _____

Date _____

If you are a personal representative of a member, please provide documentation or explanation of your authority to act for the member and attach to this form. Please note that we will not process any requests that are not signed by you or your personal representative.

Return this form to the Compliance and Quality Improvement Manager, OSU Health Plan, Inc., 700 Ackerman Road, Suite 440, Columbus, Ohio 43202 or fax to (614) 292-2667.