



Request for Alternative Confidential Communication of Protected Health Information (PHI)

I understand that I have the right to request that Delta Dental communicate PHI information to me by methods and at locations that will ensure my privacy. I also understand that Delta Dental will comply with my reasonable requests for such accommodation.

Member name: _____ Date of birth: _____

Subscriber number: (9-digit) _____

Address: _____

Telephone: _____

Delta Dental normally communicates confidential information to our group members by written correspondence to the home address listed in our records.

1. Describe the alternative method you would prefer for confidential communications from Delta Dental.

2. Identify the alternative location(s) at which you would prefer to receive confidential communications from Delta Dental (post office box, friend's home, etc.).

3. Please provide a reason why you require your PHI be sent to an alternative location.

Signature of member or legal representative: _____

Date: _____

For Delta Dental use only:

Privacy Officer signature: _____ Review date: _____

Approved: Yes _____ No _____

Client contacted: Yes _____ No _____ Contact date: _____

Direct correspondence to: Privacy Office, Delta Dental of Michigan, P.O. Box 30416, Lansing, MI 48909-7916.