

# Request for confidential communications form



Return to WellSense, ATTN: Privacy Officer, 1155 Elm Street, 5<sup>th</sup> Floor, Manchester, NH 03101

You have the right to request that the Plan accommodate a reasonable request to receive communications of PHI from the Plan by alternative means or at alternative locations if receiving this information by normal communications could endanger you.

**Member information (please print information clearly)**

Your WellSense member ID number		Date of birth (mm/dd/yyyy)	
Member's last name	First name	Middle initial	
Address	City	State	Zip code

Phone

Please provide the alternative means and/or alternative locations of receiving communications by the Plan (please be specific):

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By your signature, you are confirming that disclosure of all or part of your protected health information by normal communications could endanger you, and you are requesting confidential communications by alternative means and/or locations.

Member signature: \_\_\_\_\_ Date: \_\_\_\_\_

Member's representative, if any: \_\_\_\_\_ Date: \_\_\_\_\_