

PLEASE READ CAREFULLY BEFORE FILLING OUT THIS FORM

The UHH Alaska Plan mails documents with your protected health information (like an Explanation of Benefits) to the address of the member (covered employee). We also rely on information in member records when we contact you by phone.

If this could endanger you, use this form to request confidential communications. This means we'll send your important healthcare documents to an alternate address or contact you at an alternate phone number. Once we receive your completed form, we'll mail you a notice that explains if your request is approved or denied within 10 business days.

HOW TO FILL OUT THIS FORM

1. Use one form per person; fill out completely, sign, and date.
2. Your Personal Representative may request confidential communications for you. A Personal Representative is someone who has legal authority to make healthcare decisions for you (like a Power of Attorney or guardianship). Documents that prove their legal authority must be on file with the UHH Alaska Plan or included with this form.
3. Check this box to give us a new alternate phone number or address.
4. Check this box to end a past confidential communications request.

HOW TO SUBMIT THIS FORM

» Email: UHHAlaskamember@magnacare.com <i>(Please note, if you email personal information to the UHH Alaska Plan, we can't ensure it's secure or private until it's received.)</i>			» Fax: 702-216-0885	» Mail: Privacy Officer UHH Alaska Plan 1901 Las Vegas Blvd. So. Suite 107 Las Vegas, Nevada 89104-1309	FOR HELP, CALL: 844-427-8501 and ask for the Privacy Officer
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STEP 1: MEMBER (Employee) INFORMATION

Name	Date of Birth (mm/dd/yyyy)		
Member ID # (on ID card)	Address		
Phone	City	State	Zip

STEP 2: DEPENDENT INFORMATION

Name	Relationship to member	Date of Birth (mm/dd/yyyy)	
Contact me at the following phone number and/or address.	Address		
Phone	City	State	Zip

STEP 3: SIGNATURE

Name of person filling out form	Relationship to member	Phone
Signature		Date (mm/dd/yyyy)