



UNITE HERE HEALTH  
**ALASKA**

# Healthcare Confidential Communications Request Form (HCCR)

## 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

## FOR HELP, CALL:

### » Email:

UHHAlaskamember@magnacare.com

*(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.)*

### » Fax:

702-216-0885

### » Mail:

Privacy Officer  
UHH Alaska Plan  
1901 Las Vegas Blvd. So.  
Suite 107  
Las Vegas, Nevada  
89104-1309

**844-427-8501**  
and ask for the  
Privacy Officer

## 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)	