

# Request for Alternate Communications

I hereby request the protected health information detailed below be sent by alternative means or to an alternative location to avoid a life-threatening situation. I understand CarePlus may place conditions on the request based on payment arrangements and specific information about the alternative address or method of contact.

I understand that CarePlus will make a reasonable and good-faith effort to meet my request for delivery of information by an alternative means or method. However, CarePlus will continue to pay claims and conduct normal plan operations that may have an impact on benefits accumulations – deductible amounts, out-of-pocket expenses, etc. – and will appear on the Explanation of Benefits notice to other family members on the plan.

**Please describe the specific situation and information that requires an alternative communication method:**

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**Please describe the preferred method to accommodate your request:**

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**How long do you want this alternative communication to last?** \_\_\_\_\_

**Please print the following information:**

Member name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Member ID: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Address: \_\_\_\_\_

Alternative phone: \_\_\_\_\_

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

Legal representative signature: \_\_\_\_\_ Date: \_\_\_\_\_

(\*only if member is unable to sign)

Relationship to member: \_\_\_\_\_

**Please note: If you are a legal representative for the member, you must attach copies of your authorization as required by state law to represent the member – for example, healthcare power of attorney, healthcare surrogate, living will, or guardianship papers.**

To prevent a delay in fulfilling your request, please verify all fields on this form are complete and accurate. If information is missing, we will return the form to you for completion. Please attach a separate sheet if you need more space.

Please send this form to:  
Privacy Office  
P.O. Box 1438  
Louisville, KY 40202-1438

CarePlus will follow the more stringent of all federal and state laws and regulations.

For CarePlus Use Only

FLHJEYEN 0721



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**Español (Spanish):** Esta información está disponible de forma gratuita en otros idiomas. Favor de llamar a Servicios para Afiliados al número que aparece anteriormente.

**Kreyòl Ayisyen (French Creole):** Enfòmasyon sa a disponib gratis nan lòt lang. Tanpri rele nimewo Sèvis pou Manm nou yo ki nan lis anwo an.

