



The Care Factor

REQUEST FOR CONFIDENTIAL COMMUNICATIONS

Group Health Plan Name: _____

Employee Name: _____

Employee ID Number: _____

Name of Requestor: _____

Relationship to Employee: _____

Under the Standards for the Privacy Rule, a Plan and its Business Associates are required to review accommodations for reasonable Requests for Confidential Communications; that is, for communications at an alternative location or by alternative means. Please complete the following to initiate a review for the request.

Nature of Request: I request the following changes with regards to communication of my protected health information (PHI):

- Utilize a telephone number other than my home number. The telephone number I am requesting be used is: _____
- Utilize a mailing address other than my home mailing address. The mailing address I am requesting be used is: _____

- Removal of all of my information from viewing on www.EBMOnline.com

YES

NO

Reason for Request: _____

Requestor Signature: _____

Date Requested: _____

Please submit this request to:

EBMC
c/o Privacy Officer
4789 Rings Rd
Dublin OH 43017
Fax: 614-766-1007