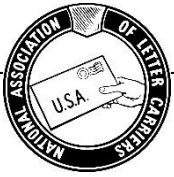


NATIONAL ASSOCIATION OF LETTER CARRIERS  
**HEALTH BENEFIT PLAN**



20547 Waverly Court, Ashburn, Virginia 20149 • (703)729-4677 or 1-888-636-NALC (6252)  
Fredric V. Rolando, President • Brian E. Hellman, Director



## Request to Receive PHI at an Alternative Address

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule, **you have the right to request confidential communications of protected health information (PHI), if you believe disclosure of the information could result in harm to yourself or to others.** Communication will be made by first class mail through the U.S. Postal Service. Please complete this form to make your request.

### Section A - about the subject of the PHI (Patient)

Member # \_\_\_\_\_ Patient's full name \_\_\_\_\_

Patient's date of birth \_\_\_\_\_ Daytime phone (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Patient's relationship to the enrollee \_\_\_\_\_  
(Examples: self, spouse, son, daughter, stepchild, foster child)

### Section B - about you and your request *(Please print)*

Your name \_\_\_\_\_

Your relationship to the patient \_\_\_\_\_  
(Examples: self, spouse, parent, child, personal representative)

Alternative mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I believe that disclosure of my/the patient's protected health information could result in harm to myself or others; therefore, I am asking that the NALC Health Benefit Plan use the mailing address shown above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date