HIGH OPTION
NATIONAL ASSOCIATION OF LETTER CARRIERS
HEALTH BENEFIT PLAN
20547 Waverly Court, Ashburn, Virginia 20149 ● 703-729-4677 or 888-636-NALC (6252)
Brian L. Renfroe, President ● **Stephanie M. Stewart,** 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