

VALUE OPTION

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 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 Value Option Health Benefit Plan use the mailing address shown above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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