APWU Health Plan
Confidential Communications

With this form, you may exercise your right to request that the APWU Health Plan communicate with you in a certain way or at a certain location. All mail correspondence or inquiries will be directed to the address and phone number you enter below. You have the option to **Add, Remove or Change** a confidential communication location. You must complete, sign, date, and submit this form to APWU Health Plan. This request will become effective once it has been entered into our systems, typically within15 calendar days of receipt.

Please print neatly to ensure accurate processing and to avoid delays in service.

1. Notification

- ☐ **Add** a Confidential Communication location
- ☐ **Remove** a Confidential Communication location
- ☐ **Change** a Confidential Communication location

2. Requestor Information:

Requestor ID#: _____

First Name: _____ MI: _____

Last Name: _____ Date of Birth: ___/ ___ /___

Address on file: _____

City: _____ State: _____ Zip: _____

Home Phone Number: ____-____-____ Work Phone Number: ____-___-___

E-mail Address: _____

3. I am requesting the APWU Health Plan send all correspondence and inquiries regarding me to the following address and phone number:

New Address: _____

_____

_____

New Phone Number: _____

4. **I request that all correspondence and inquiries about the following dependent(s) be directed to the address and phone number indicated in #3:**

   Dependent #1 Name: _____ Date of Birth: _____

   Dependent #2 Name: _____ Date of Birth: _____

   Dependent #3 Name: _____ Date of Birth: _____

   Dependent #4 Name: _____ Date of Birth: _____

5. **Right to Revoke (Cancel)**

   I understand that I may revoke this request at any time by sending a letter to the APWU Health Plan. Revoking this designation will not affect any action that the APWU Health Plan took prior to receiving the written notice of revocation. The revocation should be sent to the APWU Health Plan, HIPAA Privacy/Security Specialist, at 799 Cromwell Park Drive, Suites K-Z, Glen Burnie, MD 21061.

6. **Signature: _____ Date: _____**

7. **Please mail this Confidential Communication Request to:**

   APWU Health Plan
   HIPAA Privacy/Security Specialist
   799 Cromwell Park Drive; Suites K-Z
   Glen Burnie, MD 21061

   1-800-222-2798

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