Scripps | Health Plan Services

Confidential Communications Request

To: Scripps Health Plan Services
Attn: Customer Service Department
10790 Rancho Bernardo Rd, 4S-300
San Diego, CA 92127
Or you can fax it to (858) 260-5844

Member Name	Member Date of Birth	Member Insurance ID #

I am contacting Scripps Health Plan to request that all medical information I receive using my health insurance, including where and when I receive health care be sent directly to me and not to any other individual(s).

I request that health plan communications containing any medical information be sent to me as follows:
(Please mark the way(s) for you to receive this information. If you mark more than one way, put a "1" next to your first choice, "2" next to your second choice, and so on. Scripps Health Plan is required to contact you through at least one of the communication methods noted below.)

___ Mailing Address: _____

___ E-mail Address: _____

___ Telephone Number: _____

___ Other (please describe): _____

IMPORTANT! The following <u>two</u> sections MUST be completed:

1. If a communication cannot be sent in the above selected format(s) and/or I prefer receiving information by U.S. mail, please use the address below:

_____

2. Please provide a telephone number so that we can contact you to acknowledge receipt of this confidential communications request form and/or if we have questions regarding this request.

_____

This request is valid until I submit a revocation or a new request.

Member Signature: _____ **Date:** _____

*Under California law, when a completed confidential communications request is submitted, health plans must send its communications directly to the insured member noted above and NOT the holder of the policy. To comply with California law, health plans must implement completed confidential communications requests within 7 calendar days of receipt of an electronic transmission or 14 calendar days of receipt by first-class mail (see California Civil Code Section 56.10 et. seq.).