



REQUEST FOR CONFIDENTIAL COMMUNICATIONS

You have the right to request that we communicate about all or part of your protected health information (PHI) by alternative means or to an alternative location to avoid endangering you. We will accommodate your request if (a) it is reasonable, (b) you state clearly that failure to communicate your protected health information by the alternative means or to the alternative location could endanger you, and (c) you provide reasonable alternative means or location for communicating with you.

I, _____, with Contract Number: _____
Name

request that MCS Healthcare Holdings, LLC send my Protected Health Information using the following alternate method or alternate location/address:

Could failure to communicate your protected health information by the alternative means, or to an alternative location, specified above endanger you? [] YES [] NO

I understand and agree to the following:

- MCS is not required by law to accept my request but will make every effort to accommodate reasonable requests for alternative means of communication.
- MCS will send all of my medical information to the address provided above, if applicable.
- I must notify MCS if I wish to change this information. This request is valid until I submit a revocation or a new request. This request will expire eighteen (18) months after my benefits coverage has terminated.
- This form only applies to communications from MCS and does not apply to communications you may receive from other entities.
- The request only applies to your current coverage. If any of the information about your coverage changes, you must submit a new Request for Confidential Communication Form. Changes may include a new Group or Subscriber number or benefit coverage changes.

I attest that I have read the information above and need communication about my protected health information sent by the alternate method provided above because I believe any other method of communication could endanger me.

Subscriber or Authorized Representative Signature Date

Witness (If necessary) Signature Date

For Privacy Unit Use Only

Request Approved Request Denied

If denied, specify reason (check one):

Request is not reasonable to accommodate Alternate address or contact not provided

Other (please explain): _____

Privacy Unit Representative Signature Date

MCS cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. MCS complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. MCS遵守適用的

聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-627-8183 (TTY: 1-866-627-8182). ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-627-8183 (TTY: 1-866-627-8182).注意：如果您

使用繁體中文，您可以免費獲得語言援助服務。請致電1-866-627-8183 (TTY: 1-866-627-8182)。

Confidentiality Notice: This communication is privileged and confidential, and/or protected health information (PHI) or electronic protected health information (ePHI), and may be subject to protection under the law, including HIPAA. This communication is intended for the sole use of the individual or entity to whom it is addressed. If you are not the intended recipient, be advised that any use, disclosure, distribution, copying, or action taken in reliance on the contents of this communication is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for its return.