AltaMed
QUALITY CARE WITHOUT EXCEPTION™

FOLLOW US

CONFIDENTIAL COMMUNICATIONS REQUEST

You have privacy rights that include:

- The right to have your Protected Health Information (PHI) treated as confidential.
- The right to have your PHI about Sensitive Services sent to you instead of to the person who is the primary contact for your health insurance.

  "Sensitive Services" is defined as the care for mental or behavioral health, sexual and reproductive health, sexually transmitted infections, substance use disorders, domestic violence, and gender affirming services.

- The right to provide an alternate address, email, or phone number where to reach you about Sensitive Services you access.

To have information about Sensitive Services you access sent to an alternate address or to reach you at an alternate phone number, please complete this **Confidential Communications Request** form ("CCR Form").

Name: _____

Ins. No. _____ Birth Date: _____

Address: _____

City: _____ State: _____ Zip: _____

What is the best number to call if we have questions on the CCR Form?

Telephone No: _____

Request Type

___ New Request ___ Update Existing Request

___ Revoke Request Effective: _____

I request that my confidential communications be sent to the alternate address or by another means stated below. Please check only one option below and specify the address/email/number:

___ U.S. Mail: _____

_____

_____

___ Email: _____

___ Telephone No: _____

With my signature below, I authorize sending of my confidential communications to the alternate address above or by the other means noted above until I revoke this authorization.

Signature: _____ **Date:** _____

Please submit the completed and signed form to:

Mailing address:
AltaMed Health Services
PO BOX 7280
Los Angeles, CA 90022-7280

Fax number
(323) 530-5770

Please Note:

- Processing times for initial requests and updates vary. It takes seven (7) days from the date of receipt to process requests made by phone, fax or email, and fourteen (14) days from the date of receipt to process requests made by mail.
- Until we complete processing your request, we will continue to send information to your current address.
- Call us at (866) 880-7805 to submit a new CCR Form, to revoke a previous request or to update your contact information via a new CCR Form. Phone CCR Form requests take seven (7) days from the day we receive the CCR Form to process.
- If you change your insurance or your provider, you will need to let such insurer or provider know to send confidential communications to the alternate address or by other specific means.

For internal use only

Received By: _____ Date Completed: _____
On: _____

_____ Electronically _____ Mail

_____ Other: _____