



Request for Confidential Communications

(effective 9/2013)

You may request Care1st Health Plan and ONECare by Care1st Health Plan Arizona (Care1st) to send your protected health information (PHI) to you at an alternative location (for example, your work address) or by a different means (for example, via fax instead of regular mail). To do so, you must complete this form and return it to Care1st at the address provided below. If the cost of meeting your request involves more than a reasonable amount, we are permitted to charge you our costs that exceed that amount.

If you request PHI to be sent at an alternate location, Care1st will continue to send correspondence addressed to you, but it will be mailed to the address you provide below. **Please note:** Care1st may deny your request if we cannot reasonably accommodate it. If you also wish that your doctor or anyone outside of Care1st to make this change, you must obtain their agreement separately.

VERIFY CURRENT INFORMATION (please print)

Date of Request: _____

Member Name: _____

Care 1st or ONECare ID#: _____

Member Phone Number: _____

Member Address: _____

YOUR REQUEST

I request to receive communications of my PHI from Care1st:

At a different address:

Address: _____

or

a different means (for example, via fax. Please describe):

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Please explain the reason why your request is necessary:

Please note:

- Care1st will send communications that contain PHI to the address or means you described in this request.
- You may change or revoke (cancel) this request in writing at any time. Please mail your written request to change or revoke to the address below.
- Your request will not be processed if this form is not completely filled out, signed and dated.
- If you do not understand this form, or have any questions about this form, please contact Care1st at: 1-866-560-4042 (TTY 1-800-367-8939).

If you understand the above information, please sign and date below:

Member Signature (or authorized representative, or legal guardian)	Date

If you signed and are not the Member, what is your relationship to the member and what is your phone number? Please respond below:

Note: Before Care1st can consider a request signed by anyone other than the member, we require verification of a person's authority to act on behalf of the member (if not already on file). If member cannot give consent due to age, Care1st may require additional information before we can consider this request.

Return this form to:
 Care1st and ONECare by Care1st Health Plan Arizona
 Attn: Privacy Officer
 2355 E. Camelback Rd., Ste 300
 Phoenix, AZ 85016

For Care1st use only:

Received Date: _____

Approve Deny

Is request reasonably accommodated? Yes No

If not, date of letter sent notifying member: _____