



US Health and Life

# Request for Confidential Communications and/or Restrictions

Read instructions on p. 2 before completing this form. ALL FIELDS MUST BE COMPLETED.

A separate form is required for each member on the policy or coverage, as needed. Please print legibly, or type, except where signature is needed.

To request a Confidential Communications and/or Restrictions, please complete the information below, sign in the space provided and return to: US Health and Life Insurance Company ("USHL"), 800 Tower Drive, Suite 300 Troy MI, 48098, or FAX: (586) 693-4321

## SECTION A: Confidential Communications (check whether request is for Subscriber or Dependent)

Name (Subscriber Dependent): \_\_\_\_\_

Member Identification #: \_\_\_\_\_

Date of Birth:      /      /      Telephone # \_\_\_\_\_  
MM DD YYYY

(Alternate) Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Time Period for Communications: From:      /      /      To:      /      /       
MM DD YYYY MM DD YYYY

**NOTE:** If no time period is provided, this request will remain in effect until the member or his/her legal representative notifies USHL in writing requesting a change.

## SECTION B: Restrictions (Password Protection):

Password 1: \_\_\_\_\_

Password 2: \_\_\_\_\_

Type of Restriction to be applied:

- Claims  Enrollment  Premiums  Appeals

## SECTION C: Member Approval

I, \_\_\_\_\_ hereby authorize US Health and Life Insurance Company ("USHL") to place certain safeguards on my account and Personal Health Information ("PHI") according to the request in Section A and/or Section B. I understand that if I am unable to provide USHL with the appropriate responses based on the above request in Section A and/or Section B that I may not be able to access certain PHI and may need to provide proof in writing to re-establish access to my account and PHI.

Signature of Member: \_\_\_\_\_ Date:      /      /       
MM DD YYYY

Printed Name: \_\_\_\_\_

## INSTRUCTIONS

### REQUEST FOR CONFIDENTIAL COMMUNICATIONS AND/OR RESTRICTIONS

(NOTE: This form is not to be used for a member's change of address. For member change of address, please contact Customer Service or Enrollment)

**General Instructions: All fields are required to be completed unless otherwise specified.**

This form must be completed when a member wishes to apply Confidential Communications or Restrictions to their information. Confidential Communications refers to when a member requests that their PHI be re-routed to an alternate address, phone number, fax number, and/or e-mail address for the purpose of confidentiality. Restrictions refers to when a member would like to place password protection on any of the following types of information; Claims, Enrollment, Premium and Appeals. For assistance with completing this form please contact the Customer Service Phone Number on your Identification Card.

**Section A: Confidential Communications**

This section requests information related to the member for the purpose of establishing confidential communications as defined under General Instructions. All applicable fields must be completed in order to establish confidential communications, otherwise the request for confidential communications *may* be denied.

**Section B: Restrictions**

Members should use this section only if they would like to apply password protection to their account when making inquiries. USHL requires a member provide two (2) passwords. Additionally, this section allows the member to select what type of information they want to be protected by their passwords. Please make sure to check the box by the applicable information you would like your passwords to protect.

**Section C: Member Approval**

This section provides USHL approval from you (the member) to provide for Confidential Communications *and/or* Restrictions to your account and PHI. This section must be completed in order to provide either Confidential Communications or Restrictions the member must agree to these terms.

Mail this form to:

US Health and Life, Attn: Customer Service  
800 Tower Drive  
Suite 300  
Troy, MI 48098

**Or Fax to:** (586) 693-4321