

Request for Alternative Means of Communication— Health Plan

Member Name: _____ Date of Birth: _____ Member ID#: _____

Member Address: _____

Street Apt. # City State Zip

Member Home Phone #: _____ Member Work Phone #: _____

NOTICE TO MEMBER: Your request for communication by alternative means is applicable only to the information maintained by the Cameron University Health Plan. If you would like an alternative means of communications from any other University entity, a separate request must be submitted to that University entity. (This request is applicable only to communications made by the Cameron Health Plan.)

REQUESTED ALTERNATIVE MEANS OF COMMUNICATION (check applicable box and fill in the blank):		
<input type="checkbox"/>	Alternative Phone Number: _____ (_____)	
<input type="checkbox"/>	Alternative Mailing Address: _____	
<input type="checkbox"/>	Other Alternative Means of Communication: _____	
If you believe that disclosure of part or all of your information could put you in danger, please provide a statement to that effect:		
My request applies to:		
<input type="checkbox"/> Communication made after this date:**		
Signature _____	Title, if legal representative*	Date
*May be requested to submit evidence of representative status		

Request APPROVED Request DENIED

By: _____

Signature Title Date

Reason for Denial:

Too expensive to accommodate request.

Administratively impractical to accommodate request.

You did not specify an alternative address or method of communication.

Additional Explanation:

Notice of Denied requests should be given to the Member during the office visit or sent via the alternative means above.

****In most cases, changing means of communication, if approved, may take up to 14 University business days.**