SummaCare

CONFIDENTIAL COMMUNICATIONS FORM

You have a limited right to receive communications of protected health information from SummaCare by alternative means or at alternative locations. We are not always required to grant such requests but each request will be carefully reviewed. You will be notified when your request has been approved or denied and the reason for any denial.

Please provide as much detail as possible regarding the communications you want to receive by alternative means or at alternative location(s), and specify those means/locations.

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☐ Check if applicable, whether the disclosure of all or part of the information could endanger you.

Name and alternative address to receive notice

Name: _____

Street: _____

City: _____State: _____ZIP: _____

Contact telephone number(s) (_____)_____

Alternative means of communication:

E-mail address: _____

We will send your request by e-mail if it is practical. If it is not practical, we will contact you by e-mail so that you may select an alternative method to receive your information. (Information sent via e-mail may not be secure, and will no longer be considered protected health information if sent via e-mail.)

Fax Number: _____

Alternative telephone number: (_____)_____.

_____
Member Name

_____
Member Number

_____
Name of personal representative, if applicable

_____
Relationship of personal representative to member

_____
*Signature of member (or member's representative)/date

*If member representative, provide documentation of your authority to act for the member.

We will not process any request signed by a member's representative if your authority to act for the member is not clearly defined.

***Note that no access request will be processed unless you or your representative has signed this form.**

Please mail this form to SummaCare
Attention: Compliance Department
PO Box 3620
Akron, Ohio 44309