

**Request to Use Alternative Means or an Alternative Location for Confidential Communication**

**Requesting Individual** *(Please print)*

First Name		Last Name		Member's Contract Number
Address				Daytime Telephone Number(s)
City	State	ZIP		

*You have the right to request that we communicate about all or part of your Protected Health Information by alternative means or to an alternative location to avoid endangering you. We will accommodate your request if you provide reasonable alternative means for communicating with you. We will not investigate the validity of your claim that failure to communicate with you by the alternative means or location could endanger you. However, if the method by which you request us to communicate with you is not feasible, we will deny the method and offer an alternative.*

**Would failure to communicate Protected Health Information in confidence by the requested alternative means or location endanger you?**  YES  NO

*I request that you communicate with me about my Protected Health Information by the following alternative means. Please provide full information on the alternative means you want MESSA to use, such as another address, alternate phone number, and etc. Please note that it is MESSA's policy that confidential information will not be communicated via the Internet or email.*

Address			Alternative Telephone Number(s)
City	State	ZIP	
Other Instructions			

**If you are not the individual named above, please check the appropriate box below and provide a daytime telephone number where you can be reached. Please provide proof of your legal relationship to the individual if the individual is not your minor child.**

Parent  Legal Guardian  Power of Attorney  Personal Representative  Other \_\_\_\_\_

**Please sign and date**

*I attest that communication about my Protected Health Information by alternative means or to the alternative location indicated above is required.*

Signature:	Date
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**Sign and return this form to:  
Privacy Officer, MESSA, PO Box 2560, 1475 Kendale Blvd., East Lansing, MI 48826-2560 or Fax to 800.693.5160.  
If you have questions, please call the Privacy Officer at 800.292.4910.**