

Request to Use Alternative Means or an Alternative Location for Confidential Communication
Requesting Individual *(Please print)*

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

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.

<i>Address</i>	<i>Alternative Telephone Number(s)</i>		
<i>City</i>	<i>State</i>	<i>ZIP</i>	
<i>Other Instructions</i>			

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.

<i>Signature:</i>	<i>Date</i>
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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.