

Alaska Electrical Health & Welfare Fund
701 E Tudor, Suite 200
Anchorage, AK 99503
(907) 276-1246 • (800) 478-1246 • FAX (907) 278-7576

REQUEST FOR CONFIDENTIAL COMMUNICATIONS

Requestor's name _____ Requestor's social security number _____ Requestor's day phone _____

Mailing Address _____ City _____ State _____ Zip Code _____

E-mail address _____

Participant's name _____ Participant's social security number _____ Relationship to participant _____

I, _____, am requesting that Alaska Electrical Health & Welfare Fund communicate with me in the alternative manner and/or location described below regarding my health information (information that constitutes protected health information as defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996). Such restriction is necessary to prevent a disclosure that could endanger me. I understand that Alaska Electrical Health & Welfare Fund may deny this request if it imposes an unreasonable administrative burden. I further understand that the Alaska Electrical Health & Welfare Fund will not commence normal communications until this request is cancelled in writing by submitting a Request to Revoke Confidential Communications.

Description of the Health Information that Must be Communicated Confidentially:

Alternative Manner and/or Location

I request that Alaska Electrical Health & Welfare Fund only communicate with me in the following manner and/or at the location described below:

By signing this form, I am confirming that it accurately reflects my wishes.

Signature _____ Date _____

If signed by personal representative:

Name of personal representative _____ Relationship to participant or nature of authority _____

Signature of personal representative _____ Date _____

Submit Form to: Privacy Contact Person
Alaska Electrical Health & Welfare Fund
701 E Tudor, Suite 200
Anchorage, AK 99503

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Fax: (907) 276-7576