

How to Submit a Confidential Communications Request

regarding medical and health insurance information

Follow these steps to submit your Confidential Communications Request to your health insurance plan, to ensure your health information stays private and secure.

1. Fill out the Confidential Communications Request (CCR) Form below as completely as possible.
2. Call your health insurance plan's member services department to ask how to submit the CCR form. You can find the toll-free number on your health insurance card.

You can use this script to talk to your health insurance company:

- Hello, my name is _____.
- My policy number is #_____ [state your policy number]
- I am covered under my parent's/spouse's health insurance policy.
- I don't want my health service information to be listed on any insurance documents you send to my parents/spouse.
- Under Colorado's new rule change through the Division of Insurance, I can submit a Confidential Communications Request to you so that you don't send information about my health services to my parents/spouse. *(You should not ever be asked to explain why you feel this way)*
- I have already filled out a confidential communications request form. What is the best way to submit it to you? Should I email, fax, or mail it to you? At what address or number?
- Can you please confirm that my request form has been processed?
You can contact me at _____ if you have questions.
- Thank you!

3. Submit your Confidential Communications Request form as directed by your insurer: email, fax, or mail.
4. **Confirm that the CCR form has been received and your information is protected before you receive services or treatment.** If that is not possible, please talk to your provider at each visit and ask for this protection. Maintain a copy of the letter for your records.

As of October 1, 2018, amended Regulation 4-2-35 requires insurance carriers to honor this request for all plans regulated by the Colorado Division of Insurance in accordance with federal law.

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Confidential Communications Request

TO: _____ [Name of Your Health Insurance Company]

FROM: _____ [Your Name] Date of Birth _____

Insurance Member # _____

I am contacting you to request that all information about the health care I receive using my health insurance, including where and when I receive care, be sent directly to me and not to my family members, because disclosure of all or part of this information could lead to harm or could subject me to harassment or abuse. *(You should not ever be asked to explain why you feel this way)*

I request that communications containing any of the above information be sent to me as available as follows:

____ Email to the following email address: _____

____ Message through my online insurance patient portal

____ Other see below _____

IMPORTANT! The following two sections MUST be completed:

1. If a communication cannot be sent in the above selected format(s) and/or I prefer receiving information by U.S. mail, please use the address below:

Street Address _____

City _____ State _____ Zip code _____

2. Is there a phone number or email we can use to contact you if we have questions regarding this request?

This request is valid until I submit a revocation or a new request.

Signature: _____

Date: _____

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