

CONFIDENTIAL COMMUNICATION REQUEST FORM



WYOMING

Purpose: This form is used for an Individual's request that BCBSWY use alternative means or an alternative location when communicating about Protected Health Information to avoid endangering the Individual.

SECTION A: Individual requesting confidential communication

Name: _____

Address: _____

Telephone: _____ E-mail: _____

Subscriber Number: _____ Social Security Number: _____

Relationship to Subscriber: _____

SECTION B: To the Individual—Please read the following and complete the information requested.

You have the right to request that Blue Cross Blue Shield of Wyoming (BCBSWY) communicate about all or part of your Protected Health Information by alternative means or to an alternative location to avoid endangering you. BCBSWY will accommodate your request if it is reasonable, you state clearly that failure to communicate your Protected Health Information by the alternative means or to the alternative location could endanger you, you provide reasonable alternative means or location for communicating with you, and you provide a satisfactory explanation how any applicable premium or other Payments will be handled under the alternative means or location you request. BCBSWY will not investigate the validity of your claim that failure to communicate with you by the alternative means or location could endanger you. To exercise this right, please complete this Section B.

Please explain why you request confidential communication about your Protected Health Information by alternative means or to an alternative location:

Please describe the protected health information you want to make subject to confidential communication:

Please explain how any applicable premium or other Payments will be handled:

I request that BCBSWY communicate with me about my Protected Health Information by the following alternative means. Please provide full information on the alternative means you want BCBSWY to use:

I request that BCBSWY communicate with me about my Protected Health Information at the following alternative location. Please provide full information on the alternative location:

SECTION C: Individual's Signature

I attest that failure to communicate about my Protected Health Information by the alternative means or to the alternative location I request could endanger me.

Signature

Date

SECTION D: Personal Representative

If this request is by a Personal Representative on behalf of the Individual, complete the following:

Personal Representative's Name

Relationship to Individual

YOU ARE ENTITLED TO A COPY OF THIS REQUEST

Form Submission Instructions

Steps for returning a completed form may depend on whether you obtained the form online, received it by email or through another means. Please read the instructions below to decide which submission method suits you best. If the form specifies a preferred method, please follow those directions instead.

Online: Download the form and fill it out in the free Adobe Reader (get.adobe.com/reader) or fill out the form online if that option exists and then download it to your device. Save the completed form to your computer or device.

Submission:

BY MAIL – Print and mail the completed form to:

Blue Cross Blue Shield of Wyoming, PO Box 2266, Cheyenne, WY 82003.

BY EMAIL – Send the form and any required documentation as attachments to a BCBSWY email address, if one is provided.

BY SECURE UPLOAD – Follow the directions below to securely upload your form at Member.YourWyoBlue.com (member.yourwyoblue.com). Click the link or scan the QR code.

After logging in to your Member.YourWyoBlue.com account:

STEP 1
Click on the **Support** button on the menu bar. Scroll down and select **Send a Message**.

STEP 2
Select the plan the form applies to from the list in the panel. Click **Continue**.

STEP 3
Select General–Other as the **Topic**.

STEP 4
Fill in **Callback Preferences** (*Phone number, *Best time to call, and *May we leave a message...?).

STEP 5
Type any message in the **Message** box.

STEP 6
Click on the paperclip icon next to message box to attach a completed form from its location on your device.

STEP 7
Click on the **Send** button to send your message and upload your saved form securely.

