



Confidential Communication Request

Health Net Health Plan of Oregon, Inc. (Health Net) wants you to know that you have a choice about your protected health information (PHI). You can have Health Net send any communication that has PHI directly to you instead of the main subscriber of your family's health policy.

PHI is health information about you. Examples of communications that include PHI are:

- Explanation of benefits notices.
- Information about your appointments.
- Claim denials, requests for additional information about claims, and notices of contested claims.
- The name and address of your provider, descriptions of services provided and other visit information.

Complete this form if you'd like us to send communications that contain PHI directly to you, instead of the Subscriber, at a different mailing or email address. Note: You may receive notifications regarding Explanation of Benefits, ID cards, information about your claim(s), and provider information via email. If you wish to view this information online, please log in to our secure portal at **www.healthnet.com**.

Please mail or FAX this completed form to Health Net. Allow 14 days for us to process your request.

MAIL: Health Net, Membership Accounting, CA-100-04-03, PO Box 9103, Van Nuys, CA 91409-9103
FAX: (818) 676-7411, Attention: Health Net Membership Department

We're here to help! Please call us if you have questions: **1-888-802-7001**

Tip! If you enroll in health coverage with a different company, you will have to let them know how you want your PHI handled.

Your information		
First name:	Last name:	Birth date:
Subscriber ID number:	Phone number: <i>Where we can call you if we have questions?</i>	
Yes! Please send communications with my PHI to this mailing address and/or email address:		
Mailing address:		
City:	State:	ZIP:
Email address:		
Note: You will receive notification of Explanation of Benefits, ID cards, information about your claim(s), and provider information via email. If you wish to view this information online, please log in to our secure portal at www.healthnet.com .		
I certify and acknowledge that the above information is true and correct.		
Signature:		Date: