## Request for Confidential Communication of Protected Health Information from BlueAdvantage Administrators of Arkansas

You have the right to request that your protected health information maintained by BlueAdvantage Administrators of Arkansas, a third-party claims administrator for your Employer's Group Health Plan, be communicated to you in a confidential or alternate manner. The request must be in writing, and you may use this form to make sure all required information is included. You are not required to use this form but must include all information below for the request to be processed. You may make your request by phone in an emergency situation. A phone request must be followed with a written request to be effective.

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The request must be in writing, and must contain the following information:	
Member Full Name	
Member Date of Birth	
Member Identification Number	
Current Address	
New Address you wish to use	
Phone number where we can contact you	
Reason you are requesting confidential communications	
The request should be submitted to your employer's Human Resources or Benefits Administration	ion Office.
Please note that claims or correspondence processed prior to the change of address effective da sent to the old address. Family deductibles amounts paid, and out of pocket maximum accumula continue to be reflected on EOBs received by the subscriber.	
Effective Date You will receive a confirmation notice or request for more information at the new address you hindicated. The change will be in place after you receive the acknowledgement from us. Until the you must assume that all correspondence will go to the original address.	
<u>Cancellation of Address Change:</u> To cancel the change of address, a written request must be received and processed by the Privac When a confidential communications order is cancelled, all information will once again be avaithe policyholder.	
Signature:Date:	