

**CIGNA**

**IMPORTANT NOTICE REGARDING CONFIDENTIAL COMMUNICATION OF PROTECTED HEALTH INFORMATION FOR INSUREDS RESIDING IN OREGON.**

Oregon requires carriers and third party administrators to permit an enrollee to submit a confidential communication request, in which the enrollee requests that communications concerning the enrollee's protected health information be sent directly to an enrollee and not to the policy or certificate holder.

This law also directs insurers and third party administrators to:

- 1) Allow enrollees to submit the standardized "Oregon Confidential Communication Request" form;
- 2) Acknowledge receipt of the enrollee's form and respond to an enrollee's request within 30 days; and
- 3) Include with the acknowledgement any information the enrollee needs about the effect of the request and the process for changing the status of the request.

**Request to receive confidential communication of protected health information by alternative means or at alternative locations**

To request to receive confidential communications of protected health information by alternative means or at alternative locations:

Cigna must receive a completed Request for Confidential Communication form. Click [here](#) to obtain a copy of this form.

**Please Submit This Completed Form By Mail, Fax, Phone, or Email To:**

**Mail: Cigna Healthcare, Central HIPAA Unit, PO Box 188014, Chattanooga, TN 37422**

**Fax: 877.815.4827 or 859.410.2419**

**Email: CHUSI@cigna.com**

**Phone: Call the number on the back of your Cigna ID card and ask to speak with a Customer Service Associate; if you have lost your identification card, call 1-800-244-6224.**

**Request to revoke a reasonable request**

You may request a revocation of your confidential communication request by completing a Change/Revoke Request form. Click [here](#) to obtain a copy of this form.

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