



Request for Confidential Communication

This form will allow me, as a CIGNA Medicare Rx* Member to request to receive communications of Private Health Information (PHI) about me by alternative means or at alternative locations.

If a request is made for an alternate location, I understand correspondence will continue to be addressed to me, but will be mailed to the address I provide below. I understand all Member correspondence to me will be mailed to this alternate address whether or not it contains any confidential information about me. I understand that this request may be denied if it cannot reasonably be accommodated.

Note: If your request is granted, it will affect only written and oral communications by CIGNA Medicare Services. If you also wish another group health plan, physician or anyone outside of CIGNA Medicare Services to make this change, you must obtain their agreement separately.

VERIFICATION – (Please Print)

Identification of Member: (The following information is needed for verification. Please complete all applicable items.)

Name of Member: _____ Date of Birth: _____

Phone number where we can reach you if we need to contact you to process your request (required):

Current Address on File: _____

Medicare ID #: _____

Member ID card # (if applicable): _____

Please Complete Next Page

REQUEST

I request to receive communications of my PHI from CIGNA Medicare Services:

* –By alternate means or location (please describe and provide address): _____

Reason why the alternate means or location is necessary: _____

PLEASE NOTE:

- Communications containing your PHI will to be sent to the address you have provided on this form.
- If an alternate address is approved, it may be shown on correspondence about you that CIGNA Medicare Services sends to others, such as your provider.
- If the information on this form is not complete, CIGNA Medicare ServicesSM will return the form to you, and this request may not be considered until CIGNA Medicare Services receives complete information.
- If your member ID or date of birth changes, a new form must be submitted.
- You may change or revoke this request by sending a written request to CIGNA Medicare Services at the address on page 3. You can obtain a Change/Revoke form by calling CIGNA Member Services at the number on your CIGNA Medicare Services ID card.

Please Complete Next Page

SIGNATURE AND NOTARIZATION

To safeguard your privacy and help make sure no one else is requesting access to your PHI, this request must be notarized. (Notary services can often be provided free at a bank where you have an account).

I have read and understand the above information.	Date: _____
Signature of Member, Parent/Guardian, Personal Representative: _____	
Relationship if signed by other than Member: _____	
Note that, if not already provided, we will require verification of the authority of a Personal Representative before this request will be considered complete.	
If Member is unable to give consent because of age, complete the following: Member is a minor _____ years of age. If you are making this request on behalf of a minor child, we may require additional information before this request is considered complete.	

State of _____)

) ss.

County of _____)

On this the _____ day of _____ 20____, before me, _____ (Notary Public), the undersigned officer, personally appeared _____ (member or legal rep. name), known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledges that (s)he executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand.

Notary Public
My Commission expires: _____

Please maintain a copy of this form for your records.

Please Return This Completed Form To:

CIGNA Medicare Services • PO Box 269005 • Weston, FL 33326-9927

"CIGNA Medicare Services," "CIGNA Medicare Rx" (PDP) and the "Tree of Life" logo are registered service marks of CIGNA Intellectual Property, Inc., licensed for use by CIGNA Corporation and its operating subsidiaries. CIGNA Medicare Rx (PDP) plans are offered by operating subsidiary Connecticut General Life Insurance Company, and not by CIGNA Corporation. Connecticut General Life Insurance Company is a Medicare approved Part D sponsor.