



Patient Stamp Here

REQUEST FOR CONFIDENTIAL COMMUNICATIONS OF PERSONAL HEALTH INFORMATION (PHI) FOR RESIDENTS OF VERMONT

Member Name: _____

Insurance Company (circle one): Blue Cross/Blue Shield MVP Cigna

Member ID #: _____

Member's Date of Birth: _____

I choose to have confidential communication mailed to (check only one):

[] (Please specify address) Street or PO Box _____ City _____ State _____ Zip Code _____

-OR-

[] The Vermont Center for Crime Victim Services (VCCVS) 58 S. Main Street, Waterbury, VT 05676-1599

Your choice of address will stay in effect until you call the insurance company to change it.

For Insurance Company Use Only

Type of PHI for the confidential communications: All Personal Health Information (PHI) Explanation for request for confidential communications: Crime Victim

Additional comments (optional):

Member Signature: _____ Date: _____

Please call the number on the back of your identification card if you have any questions or if you wish to change your confidential communications preferences. If you have lost your identification card call:

Blue Cross and Blue Shield of Vermont: 1-800-247-2583 Cigna: 1-800-244-6224 MVP Health Care: 1-888-687-6277

FAX NUMBERS TO SUBMIT FORM

Blue Cross Blue Shield of Vermont: 1-866-529-8503

Cigna: 1-877-815-4827 or 1-859-410-2419

MVP Health Care: 1-844-696-8770

Vermont Center for Crime Victim Services: 1-802-241-1253

Hospital must fax this form to the patient's insurance company and the Vermont Center for Crime Victim Services

Instructions for filling out Request for Confidential Communications of Personal Health Information (PHI)

Member Name is the patient's name as written on their health insurance identification card. It may be different from the name of the subscriber who purchased the policy.

Insurance Company – Circle one. **Note:** Confidential Communication of PHI can only be done with the listed insurance companies. Medicaid does not mail out any PHI, so it is also confidential.

The **Member ID number** is also on their health insurance identification card usually right next to abbreviation ID. Do not use the Group Number.

Member Date of Birth – self explanatory

Check only one of the following options for communication

Patient must check off **only one** of the two options.

1. Allows the patient to designate an alternate mailing address where paperwork sent out by the insurance company regarding their claim will be mailed such as the explanation of benefits (EOB).
2. Allows the patient to have the paperwork go to the VT Center for Crime Victim Services who will hold this mail for the patient.

Patient will need to call their insurance company when s/he wants to change their address back to their original address. They should call the phone number listed on the form.

The section shaded in gray is not to be changed. It is information needed by the insurance company to authorize confidential communication for the patient.

Type of PHI for the confidential communications: This designates that all personal health information regarding the patient/member will be sent to the address checked off on the form.

Explanation for request of confidential communications: This lets the insurer know that the patient is a crime victim who has safety/privacy concerns which qualifies s/he for confidential communications.

Additional comments: Any additional information patient wants to share with their insurance company.

Patient/member must sign and date the request form. They should be given a copy of the form.

SANE or hospital personnel should fax the request form to the appropriate insurance carrier at the fax number listed on the form. The form should also be faxed to the VT Center for Crime Victim Services (VCCVS)