



Request for Confidential Communications Form

Date:

I would like to request that you send communications about my protected health information at an alternate location or by an alternate method. Reasonable requests for confidential communications will be accommodated and we will make every effort to communicate information using the submitted alternative means.

Please complete this form and email it to DepartmentRiskEthicsandCompliance@delta.org or mail the form using the address below.

Primary Enrollee’s Name: _____

Your Name (if not the Primary Enrollee): _____

Member ID number: _____

Date of Birth:

Telephone Number:

Requested alternate location or method of communication:

We will communicate with you at the alternate address or use the alternate method until we receive a request from you to terminate the alternative communication or to change the alternate location or means of communication.

Should your circumstances change, and you no longer need confidential communications to be sent to you at an alternate location or method, please notify us at:

**Delta Dental
P.O. Box 997330
Sacramento, CA 95899-7330**

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