

CONFIDENTIAL COMMUNICATION REQUEST FORM

Name: _____ SS #: _____

Address: _____ DOB: _____

You or your Personal Representative have the right to request that you receive GIC communications) at an alternative location or by alternative means. You will be notified of GIC's decision in writing.

- You or your Personal Representative are required to specify an alternative location or the means of communication you want the GIC to use.
- You must state that you could be endangered by not having confidential communications.
- If granted, this request may be revoked by GIC if the request becomes unreasonable. Written notice of the revocation will be provided to individuals and their Personal Representatives by GIC. The revocation will be effective after such notice is given.
- If you wish to request similar arrangements with your benefit plans or GIC coordinator, you must contact them directly to make your request.

I am asking GIC to communicate with me using the following manner (specify location or manner of communication): _____

Signature of individual/ personal representative_____
Date_____
Printed name of individual/ personal representativeIndicate relationship of person signing this form to the enrollee

- ☐ Person signing is individual
- ☐ Person signing is the Personal Representative authorized to make medical decisions for the individual (Attach proof, if not already on file with the GIC.)
- ☐ Person signing has other legal authority to sign this form (e.g., court appointed, custodial parent). Please indicate type of authority and attach proof, if necessary or if not already on file with the GIC: _____

For GIC UseApproved: ☐ Denied: ☐**ATTACH TO GIC RESPONSE TO REQUEST AND FILE IN MEMBER'S RECORD**

Reviewer: _____ Title: _____ Date: _____