

## REQUEST FOR DISCLOSURE BY ALTERNATE MEANS OR LOCATION

The Health Insurance Portability and Accountability Act (HIPAA) requires a group health plan to accommodate reasonable requests to provide protected health information (PHI) by an alternative means or at an alternative location when an individual clearly indicates that disclosure by normal means could endanger them. A reasonable request will be considered a request to provide all PHI relating to the individual at an alternate address designated by the individual. Requests received from unemancipated minors will not be accepted.

Please complete the information below and send this form to: Midwest Security at 2700 Midwest Drive, Onalaska WI 54650.

### IDENTIFICATION

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Enrollee #: \_\_\_\_\_ Relationship to Enrollee: \_\_\_\_\_

### ENDANGERMENT

Would disclosure of your PHI by normal means endanger you?  Yes  No

If yes, please briefly describe the nature of endangerment:

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### ALTERNATE ADDRESS

I request that all communications of my PHI be provided to me at the following alternate address:

Street Address	City	State	ZIP Code	Phone
<p>I understand that disclosures of my PHI that are in progress on the date this request is received will not be affected by this request. I also understand that the enrollee will continue to receive notice of payments the group health plan makes for services provided to me as required by law.</p>				

\_\_\_\_\_  
**Signature of Patient or Patient's Authorized Representative** \_\_\_\_\_  
**Date**

**If signature is Authorized Representatives, please indicate relationship or authority to act for individual.**

### GROUP HEALTH PLAN REVIEW/REPLY SECTION

**This section is for use by authorized representatives of the group health plan only.**

Date Received: \_\_\_\_\_

Title of Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

This request for communication of PHI by alternate means or location is being:

- Approved.
- Declined, because endangerment to the individual has not been clearly stated.
- Declined, because the requesting individual is a minor and does not have authority to make this request.