

Request for Alternate Communications

I hereby request the protected health information detailed below be sent by alternative means or to an alternative location to avoid a life-threatening situation. I understand CarePlus may place conditions on the request based on payment arrangements and specific information about the alternative address or method of contact.

I understand that CarePlus will make a reasonable and good-faith effort to meet my request for delivery of information by an alternative means or method. However, CarePlus will continue to pay claims and conduct normal plan operations that may have an impact on benefits accumulations – deductible amounts, out-of-pocket expenses, etc. – and will appear on the Explanation of Benefits notice to other family members on the plan.

Please describe the specific situation and information that requires an alternative communication method:

Please describe the preferred method to accommodate your request:

How long do you want this alternative communication to last? _____

Please print the following information:

Member name: _____ Date of birth: _____

Member ID: _____ Daytime phone: _____

Address: _____

Alternative phone: _____

Member signature: _____ Date: _____

Legal representative signature: _____ Date: _____

(*only if member is unable to sign)

Relationship to member: _____

Please note: If you are a legal representative for the member, you must attach copies of your authorization as required by state law to represent the member – for example, healthcare power of attorney, healthcare surrogate, living will, or guardianship papers.

To prevent a delay in fulfilling your request, please verify all fields on this form are complete and accurate. If information is missing, we will return the form to you for completion. Please attach a separate sheet if you need more space.

Please send this form to:
Privacy Office
P.O. Box 1438
Louisville, KY 40202-1438

CarePlus will follow the more stringent of all federal and state laws and regulations.

For CarePlus Use Only
FLHJBYEN 0722



Important: At CarePlus, it is important you are treated fairly. CarePlus Health Plans, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, ancestry, ethnicity, sex, sexual orientation, gender, gender identity, disability, age, marital status, religion, or language in their programs and activities, including in admission or access to, or treatment or employment in, their programs and activities. The following department has been designated to handle inquiries regarding CarePlus' non-discrimination policies: Member Services, PO Box 277810, Miramar, FL 33027, 1-800-794-5907 (TTY: 711). Auxiliary aids and services, free of charge, are available to you. 1-800-794-5907 (TTY: 711). CarePlus provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

This information is available for free in other languages. Please call our Member Services number at 1-800-794-5907. Hours of operation: October 1 - March 31, 7 days a week, 8 a.m. to 8 p.m. April 1 - September 30, Monday - Friday, 8 a.m. to 8 p.m. You may leave a voicemail after hours, Saturdays, Sundays, and holidays and we will return your call within one business day.

Español (Spanish): Esta información está disponible de forma gratuita en otros idiomas. Favor de llamar a Servicios para Afiliados al número que aparece anteriormente.

Kreyòl Ayisyen (French Creole): Enfòmasyon sa a disponib gratis nan lòt lang. Tanpri rele nimewo Sèvis pou Manm nou yo ki nan lis anwo an.

