



## REQUEST FOR ALTERNATIVE COMMUNICATIONS

You have a limited right to receive communications of protected health information from SummaCare by alternative means or at alternative locations if you clearly state that the disclosure of all or part of that information could endanger you. We are not always required to grant such requests but each request will be carefully reviewed. You will be notified when your request has been approved or denied and the reason for any denial.

I hereby request the protected health information detailed below be sent by alternative means or to an alternative location.

Please provide as much detail as possible regarding the request that the disclosure of your protected health information could endanger you

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<b>Name and alternative address to receive notice</b>	
Name: _____	Street: _____
Contact telephone number(s) (____) _____	City: _____ State: _____ ZIP: _____

**Alternative means of communication:**

E-mail address: \_\_\_\_\_

We will send your request by e-mail if it is practical. If it is not practical, we will contact you by e-mail so that you may select an alternative method to receive your information. (Information sent via e-mail may not be secure and will no longer be considered protected health information if sent via e-mail.)

Alternative telephone number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

**Please print the following information:**

Member name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Member ID: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Alternative Phone: \_\_\_\_\_

Member Signature: \_\_\_\_\_

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

Legal Representative Signature\*: \_\_\_\_\_

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

Relationship to Member: \_\_\_\_\_

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

**Please mail this form to SummaCare  
Attention: Corporate Services  
10 N Main Street  
Akron, Ohio 44308**

<b><u>FOR SUMMACARE USE ONLY</u></b>	
Person Reviewing: _____	Date Reviewed: _____
Disposition of request: _____	Date Notice sent to Member: _____
Date of Member's rescission of Restriction: _____	Member has rescinded orally or in writing: _____