

Request to Send Protected Health Information to an Alternate Location

Montana Department of Public Health and Human Services
P.O. Box 202960, Helena, MT 59620-2690

As required by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") you have the right to request that documents containing your protected health information ("PHI") be sent to other entities or other individuals. Such requests are often made when a person feels that his or her health or safety may be endangered if PHI is sent to his or her address of record. The Department of Public Health and Human Services ("DPHHS") will accommodate all reasonable requests.

I, _____, (print name) hereby request that documents containing my PHI be provided to the following entity(ies) or individual(s):

Name of Entity(ies) or Individual(s) _____

Address _____

City, State, ZIP _____

Alternate Telephone Number _____

Other Communication Requests _____

If you change your address, all of your Medicaid information will be sent to this address. Do you want to have everything sent to this different location? ☐ Yes ☐ No

I am requesting that information be sent to an alternate address because I believe that receiving information at my address of record would be dangerous to me.

Signature: _____ Date: _____