ND Flex Plan
Request For Confidential Communications

You have the right to request that we communicate with you about your personal health matters in a particular way or at a particular location. For example, you can request that we only contact you at work or at a friend's house.

To request confidential communications, you must make your request in writing by filling out this form and submitting it to Shared Services in the Office of Human Resources, Grace Hall. We require that your request contain a statement that the disclosure of all or part of the protected health information for which you are requesting a restriction could potentially harm you if disclosed. We will accommodate all reasonable requests. However, we may condition granting your request on receiving appropriate information regarding payment, as well as your specifying how or where you would like is to contact you.

I request the following alternate methods for communications to me by the ND Flex Plan:

_____

_____

_____

_____

By signing below, I certify that the disclosure of some of all of my protected health information in a manner other than requested could endanger me.

_____	_____	_____
Print Name	NDID	Birth Date

_____	_____
Signature	Date

For further information please contact Shared Services in the Office of Human Resources, Grace Hall, or consult our Notice of Privacy Practices available at: http://hr.nd.edu/benefits/privacypractices.shtml

For ND Flex Plan Use Only:

Date received: _____ ☐ Accepted ☐ Denied
If denied, check reason for denial:
☐ Lack of payment information
☐ Lack of an alternate address or method of contact
Date and Method of informing individual of original decision: _____
Comments: _____

_____	_____
ND Flex Plan Signature	Date