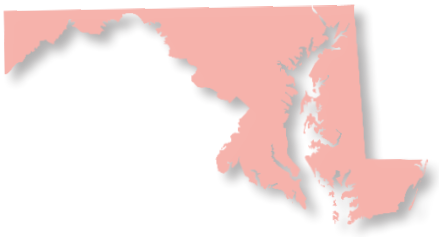
CONFIDENTIAL COVERED



Protecting Patients' Privacy in Health Insurance Billing & Claims: A Maryland Profile

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Introduction

Confidential & Covered was a three-year research project led by the National Family Planning & Reproductive Health Association (NFPRHA) and funded by the US Department of Health & Human Services' Office of Population Affairs as part of its Affordable Care Act Collaborative. The project was designed to identify policies and practices to mitigate revenue loss at Title X-funded health centers due to the provision of confidential health services. The purpose was to improve service sites' sustainability while preserving one of Title X's core principles, namely the provision of confidential services for patients served by this essential program. *Confidential & Covered* partnered with the Center for Adolescent Health & the Law (CAHL), the George Washington University's Milken Institute School of Public Health, and the University of California, San Francisco's Bixby Center for Global Reproductive Health to conduct research on insurance use and confidentiality throughout the payment process—in other words, payment that does not breach privacy.[1]

Protecting confidentiality is complex and has presented particular challenges in the health insurance arena. The insurance landscape is replete with opportunities for disclosure of private information, some of which are the result of explicit legal requirements or insurance carriers' policies and practices, such as the senng of explanations of benefits (EOBs) when insurance claims are filed and acted upon. These disclosures may result in a patient's information reaching a family member, often the policyholder for the health insurance, even when the patient wants the information to remain private. In some cases, the information could pertain to family planning or other sensitive health services where the patient would be in jeopardy due to the disclosure. In this context, the *Confidential & Covered* project has worked to identify ways to protect confidentiality without forfeiting the opportunity to secure health insurance payments for patients insured as dependents on a family member's policy.

In the first year of the project (2014-2015), the *Confidential & Covered* policy team at NFPRHA and CAHL undertook extensive research and detailed analysis of federal and state laws and policies relevant for publicly funded family planning that provide confidentiality protection or, on the other hand, that can lead to the disclosure of confidential information via billing and health insurance claims. The team published a white paper[2] and policy guide[3] based on that research and analysis.

In the second and third years of the project (2015-2017), the team visited six states that have laws in place designed to enable individuals to use their health insurance coverage without foregoing confidentiality protection or triggering privacy breaches. Profiles of California, Colorado, and Washington were published in 2016; profiles of Illinois and Oregon were released in 2017 along with this profile of Maryland.

This report provides a profile of the current policy environment for confidentiality and insurance in Maryland based on a review of Maryland laws and in-person interviews with key informants conducted in June 2016. The informants included a variety of stakeholders, such as family planning providers, adolescent and young adult health experts, advocates, and public health officials.[4]

The profile offers background on the legal and policy framework for confidentiality and insurance in Maryland; explains S.B. 790, a state statute adopted in 2014 designed to improve privacy protection for individuals with health insurance; describes the origins and implementation efforts for the statute; and considers positive features associated with the law as well as implementation challenges. The report represents a composite picture drawn from the varied comments of the informants interviewed.

1 Publications and other resources developed as part of the *Confidential & Covered* project are available at www.confidentialandcovered.com.

2 Abigail English, Robin Summers, Julie Lewis, and Clare Coleman, Confidentiality, Third-Party Billing, & the Health Insurance Claims Process: Implications for Title X (Washington, DC: National Family Planning & Reproductive Health Association, 2015). http://www.confidentialandcovered.com/file/ConfidentialandCovered_WhitePaper.

3 Julie Lewis, Robin Summers, Abigail English, and Clare Coleman, Proactive Policies to Protect Patients in the Health Insurance Claims Process (Washington, DC: National Family Planning & Reproductive Health Association, 2015). http://www.confidentialandcovered.com/file/ConfidentialandCovered_PolicyGuide.pdf.

4 A list of individuals interviewed is included in Appendix A.

Background: Confidentiality & Insurance in Maryland

Since the Affordable Care Act (ACA) was enacted in 2010, Maryland has experienced an increase in the number of individuals with health insurance.[5] The increase has largely been driven by successful enrollment in marketplace plans through the state's health insurance exchange, Maryland Health Connection;[6] via the state's expansion of Medicaid;[7]and as a result of the ACA provision allowing young adults (often referred to as adult children) to remain on a parent's health insurance up to age 26.[8]

Many of the newly insured individuals who gained health insurance coverage as a result of the ACA as well as those with coverage under employer-based plans are covered as dependents on a family member's plan.[9] These include young adults and adolescents, as well as spouses and domestic partners, some of whom are affected by intimate partner violence. When health centers seek reimbursement from health insurance for dependents' care, the dependents may have their privacy infringed. Privacy infringement occurs due to legal and policy requirements for disclosure of information in the health insurance billing and claims process, or as a result of health plan contracts and practices, and in spite of existing legal protections for the confidentiality of health information.

HIPAA Privacy Rule Protections

In Maryland, as in every state, the federal HIPAA Privacy Rule requires health care providers and health insurers to protect patients' privacy. Of particular importance, the rule includes two special protections that restrict disclosure of protected health information (PHI) and provide for confidential communications. The first allows patients to request restrictions on the disclosure of their PHI.[10] Health care providers and health plans are not generally required to comply with such requests unless they agree to do so, but they must agree if the care has been fully paid for by the patient or someone other than the health plan. The second special protection allows patients to request that they "receive communications of protected health information … by alternative means or at alternative locations."[11] It is noteworthy that with respect to requests for confidential communications the HIPAA rule for health care providers differs from the requirement for health plans. Health care *providers* must accommodate reasonable requests and may not require patients to claim they would be endangered by disclosure; health *plans* must accommodate reasonable requests when there is a claim of endangerment. Thus, plans are only required to comply with requests if endangerment is claimed. These HIPAA privacy protections formed the specific basis for the Maryland legislature's crafting of S.B. 790 in 2014.

Maryland Privacy Laws

Several Maryland laws protect the privacy of individuals' health information. For example, the Maryland Health Code contains a series of statutes providing for the "Confidentiality of Medical Records."[12] Some of the sections are similar to requirements of the HIPAA Privacy Rule;[13] one of the sections specifically

5 Assistant Sec'y for Planning & Eval., U.S. Dept. of Health & Human Services. Compilation of State Data on the Affordable Care Act. https://aspe.hhs.gov/compilation-state-data-affordable-care-act; Namrata Uberoi, Kenneth Finegold, and Emily Gee. Health Insurance Coverage and the Affordable Care Act, 2010-2016. Mar. 3, 2016. https://aspe.hhs.gov/system/files/pdf/187551/ACA2010-2016.pdf.

6 https://www.marylandhealthconnection.gov/.

7 Carla Anderson, Maryland and the ACA's Medicaid Expansion. Sept. 16, 2016. https://www.healthinsurance.org/maryland-medicaid/. Ass't. Sec'y for Planning & Eval., U.S. Dept. of Health & Human Services. Medicaid Expansion Impacts on Insurance Coverage and Access to Care. Jan. 18, 2017. https://aspe.hhs.gov/system/files/pdf/255516/medicaidexpansion.pdf.

7 Maryland Health Connection, The #Get Covered Generation. https://www.marylandhealthconnection.gov/shop-and-compare/individuals-and-families/young-adults/. For general data about enrollment of young adults, see, e.g., Jason Furman and Matt Fiedler. 4.5 Million Young Adults Have Gained Coverage Since 2010, Improving Access to Care and Benefitting Our Economy. Jan. 29, 2015. https://obamawhitehouse.archives.gov/blog/2015/01/29/45-million-young-adults-have-gained-coverage-2010-improving-access-care-and-benefitt.

9 The U.S. Department of Health & Human Services' Assistant Secretary for Planning Evaluation tracks and disseminates insurance enrollment. Enrollment numbers can be found at https://aspe.hhs.gov/affordable-care-act-research.

10 45 C.F.R. § 164.522(a)(1).

11 45 C.F.R. §§ 164.502(h); 164.522(b)(1).

12 Md. Code Ann., Health-Gen. §§ 4-301 – 4-309.

13 E.g., Md. Code Ann., Health-Gen. §§ 4-303 and 4-305.

incorporates the definition of "protected health information" in the HIPAA Privacy Rule.[14] Maryland law also contains specific protections for information related to substance use disorders[15] and for mental health records and information.[16] Health care providers and insurers in Maryland are also required to adhere to the extensive federal confidentiality laws that have been described elsewhere.[17]

Minor Consent Laws

"Maryland has detailed laws that allow minors to consent for their own care in a broad range of situations; these minor consent laws also provide confidentiality protection for the health information associated with that care."

In addition to both the HIPAA Privacy Rule and the general Maryland laws that provide confidentiality protection for individuals of all ages, Maryland has detailed laws that allow minors to consent for their own care in a broad range of situations; these minor consent laws also provide confidentiality protection for the health information associated with that care. Some minors are allowed to consent for most of their own health care: married minors, minor parents, and minors who are living apart from their parents and managing their own financial affairs may consent on the same basis as adults.[18] Minors in detention facilities are allowed to consent for screening and physical examination.[19] Minors of any age may also consent for their own care if "in the judgment of the attending physician, the life or health of the minor would be affected adversely by delaying treatment" to obtain the consent of someone else.[20] Minors are allowed to consent on the same basis as adults for treatment for or advice about pregnancy, contraception, sexually transmitted infections ("venereal disease"), drug abuse, and alcoholism, as well as for physical examination and treatment for rape or sexual assault.[21] Minors who are age 16 or older may consent for consultation, diagnosis, and treatment of a mental or emotional disorder by a health care provider or clinic.[22] When a minor has consented to care under these Maryland statutes, a health care provider is allowed to, but is not required to, give information to a parent about the treatment needed by or given to the minor;[23] this would not apply in situations when a minor has consented to family planning services that are funded by Title X or Medicaid and therefore are subject to the confidentiality requirements of those programs.

Insurance Disclosure Laws

As in other states, the confidentiality protections for medical and health information in Maryland law are not absolute. In particular, the insurance laws contain various requirements for the disclosure of otherwise confidential information, sometimes with the individual's authorization, sometimes without. For example, Maryland statutes and regulations specify when authorization is required for disclosure of personal health information and when disclosure may occur without authorization.[24] Many requirements of these regulations are similar to or track the requirements of the HIPAA Privacy Rule with respect to disclosures with and without authorization. Moreover, the regulations specify that if an insurance carrier or health care provider complies with the requirements of the HIPAA Privacy Rule, the insurer is relieved of responsibility to comply with the parallel provisions of the Maryland regulations.[25]

14 Md. Code Ann., Health-Gen. § 4-301(n).
15 Md. Code Ann., Health-Gen. § 8-601.
16 Md. Code Ann., Health-Gen. § 4-307.
17 Abigail English, Robin Summers, Julie Lewis, and Clare Coleman, Confidentiality, Third-Party Billing, & the Health Insurance Claims Process: Implications for Title X (Washington, DC: National Family Planning & Reproductive Health Association, 2015). http://www.confidentialandcovered.com/file/ConfidentialandCovered_WhitePaper.pdf.
18 Md. Code Ann., Health-Gen. § 20-102.
19 Md. Code Ann., Health-Gen. § 20-102.
20 Md. Code Ann., Health-Gen. § 20-102.
21 Md. Code Ann., Health-Gen. § 20-102.
22 Md. Code Ann., Health-Gen. § 20-104.
23 Md. Code Ann., Health-Gen. §§ 20-102 and 20-104.
24 E.g., Md. Code Ann., Health-Gen. §§ 4-303 and 4-305; Md. Code Regs. 31.16.08.17 – 31.16.08.19.
25 Md. Code Regs. 31.16.08.20. See also Md. Code Regs. 31.16.08.17 – 31.16.08.19.

Significantly, Maryland law does include provisions related to denials of claims[26] and explanations of benefits[27] that have the potential to disclose otherwise confidential information to a policyholder for claims based on services provided to an insured dependent. In addition to the requirements of Maryland law, federal law contains important requirements for notice to be given when claims are denied; these requirements also risk disclosure of an insured dependent's confidential health information. (See *Federal Notice Requirements for "Denials."*) Maryland law requires the claims procedures for individual and group health policies to be consistent with these requirements of federal law.[28]

Federal Notice Requirements for "Denials"

Federal law requires that insurers and health plans share information about denials of claims with policyholders, subscribers, and enrollees – as detailed in the Affordable Care Act (ACA), Employee Retirement Income Security Act (ERISA), and Medicaid Managed Care regulations.[29] These denial notices are commonly sent in a format that looks like an explanation of benefits (EOB). See *Confidentiality, Third-party Billing, & the Health Insurance Claims Process: Implications for Title X* for a robust discussion of federal insurance law and its impact on privacy.[30]

The Maryland Statute

In April 2014, the Maryland legislature passed and the governor signed S.B. 790, a bill designed to bring communications between health insurance carriers and enrollees into conformity with specific requirements of HIPAA.[31] S.B. 790 added a new section to the Maryland Insurance Code entitled "Communications between carriers and enrollees – Confidentiality."[32] The legislation requires the Maryland Insurance Commissioner to develop a form for enrollees to use when they rely on one of the special protections of the HIPAA Privacy Rule to request confidential communications from health insurance carriers.[33] S.B. 790 also requires an insurance carrier to accept the form if it requires confidential communication requests to be submitted in writing but allows carriers to accept other forms of written communication as well.[34] In addition, the legislation specifies that the notices of denials of claims and explanations of benefits required by Maryland law are both subject to the HIPAA Privacy Rule provision allowing individuals to request confidential communications.[35]

"S.B. 790 added a new section to the Maryland Insurance Code entitled "Communications between carriers and enrollees - Confidentiality."

26 Md. Code Ann., Insurance § 15-1006.
27 Md. Code Ann., Insurance § 15-1007.
28 Md. Code Ann., Insurance § 15-1010(b)(3).
29 45 C.F.R § 147.136; 26 C.F.R § 54.9815-2719; 29 C.F.R. § 2590.715-2719; 42 C.F.R. § 438.404.
30 Abigail English, Robin Summers, Julie Lewis, and Clare Coleman, Confidentiality, Third-Party Billing, & the Health Insurance Claims Process: Implications for Title X (Washington, DC: National Family Planning & Reproductive Health Association, 2015). http://www.confidentialandcovered.com/file/ConfidentialandCovered_WhitePaper.pdf
31 S.B 790, 434th Gen. Assem. Reg. Sess. (Md. 2014), 2014 Md. Laws 72, amending Md. Code Ann. Insurance §§ 15-1006 and 15-1007 and adding Md. Code Ann. Insurance § 15-141.
32 Md. Code Ann., Insurance § 15-141.
33 Md. Code Ann., Insurance § 15-141(b); 45 C.F.R. § 164.522(b).
34 Md. Code Ann., Insurance § 15-141(c) and (d).
35 Md. Code Ann., Insurance §§ 15-1006(c) and 15-1007(d).

Elements of the Statute

S.B. 790 contains several definitions delineating the scope of its protections as well as a requirement for the Insurance Commissioner, rights for individuals, and obligations for carriers.[36]

Definitions

Carrier	A "carrier" includes: • an insurer • a nonprofit health service plan • a health maintenance organization • a dental plan organization • any other "person" that provides health benefit plans subject to regulation by the state.[37]
Enrollee	An enrollee means a person entitled to health care benefits from a carrier.[38]
Protected Individuals	Enrollees in health insurance plan covered by a carrier who are entitled to submit a confidential communications request under HIPAA.
Confidential Communications Request	A request that an individual "receive communications of protected health information … by alternative means or at alternative locations."[39]

Legislative Elements

Requirement for Insurance Commissioner	Develop and make available a standardized form for an enrollee to use when requesting confidential communications from a carrier pursuant to 45 C.F.R. § 164.522(b).
Individual Right	Make a confidential communications request using the form developed by the Insurance Commissioner.
Carrier Obligations	A carrier that requires an enrollee to submit a confidential communications request in writing: • must accept requests on the form developed by the Insurance Commissioner • may accept written requests in any other form.

36 Md. Code Ann., Insurance § 15-141.
37 Md. Code Ann., Insurance § 15-141(a)(2).
38 Md. Code Ann., Insurance § 15-141(a)(3).
39 45 C.F.R. §§ 164.502(h); 164.522(b)(1).

Origins of the Statute

The Maryland statute grew out of recognition of the risks to patient privacy represented by the sending of EOBs when individuals insured as dependents use their health insurance. Advocates and family planning providers collaborated to explore strategies for addressing this issue that had been employed by other states as well as the potential in existing law to provide remedies. Insurance carriers acknowledged that the issue of confidentiality protection for insured dependents was important but expressed concern over the extent of technology and infrastructure changes that would be required to address it. In the wake of intense efforts related to ACA implementation, carriers were reluctant to take on new burdens. Consequently, advocates were reluctant to press for comprehensive change in the legislature at that time.

In order to begin the process of addressing the issue in a manner that used existing law as a foundation, advocates looked to the HIPAA Privacy Rule protections that were already in place and sought a way to codify in Maryland law a consistent mechanism for individuals to avail themselves of the HIPAA protections. Notably, awareness in Maryland of the existing privacy protections under HIPAA for confidential communications was virtually nonexistent, particularly among health care providers and patients. Although insurance carriers indicated familiarity with the confidential communications protection in HIPAA, they rarely received these requests. Carriers had not identified consistent procedures for implementing the protection or documenting the frequency of its use; one large carrier indicated it had received about three dozen requests by telephone but had no mechanism for tracking them.

The strategy chosen by advocates was to create a consistent procedure for individuals to use to make requests to their insurance carriers for confidential communications pursuant to the HIPAA Privacy Rule. Thus, the legislation was crafted to require the Insurance Commissioner to create a form for requesting confidential communications that carriers would be obliged to accept. Advocates hoped that codification of this requirement would be the first step to broader action in the future. Support came from the behavioral health community, a women's coalition for health care reform, and the family planning community as well as public health agencies. The legislation was signed into law on April 8, 2014, with an effective date of October 1, 2014.

Implementation Progress

Shortly after the enactment of the new statute, the Maryland Insurance Administration issued a bulletin to insurers and insurance agents summarizing the insurance legislation that had been enacted in 2014, including S.B. 790.[40] The Maryland Health Commissioner subsequently developed the required form[41] with input from state public health officials and made it available in December 2014.

S.B. 790 did not contain funding for dissemination, public education, or training. However, some family planning providers did provide basic training via a webinar for their call center staff that included information on the existence of the form and its uses; the forms are available to patients at the front desk of family planning health centers. Some insurers include a link to the form on their websites.[42] Within the Maryland Department of Health and Mental Hygiene (DHMH) the bureau responsible for STD prevention, which had worked previously on billing and confidentiality issues with local health departments, provided leadership on implementation of S.B. 790. Specifically DHMH provided information about the new law to Title X-funded providers. Nevertheless, in spite of some media attention and a press briefing when the bill passed, two years after enactment of the law, awareness of it was very limited, particularly among health care providers.

40 Maryland Insurance Administration. Summary of 2014 Insurance Legislation Signed Into Law by Governor O'Malley. June 16, 2014. http://insurance.maryland.gov/Insurer/Documents/bulletins/bulletin-14-17-2014-legislative-summary.pdf.

41 http://insurance.maryland.gov/Consumer/Documents/publicnew/confidential-communication-form.pdf.

42 https://member.carefirst.com/carefirst-resources/pdf/request-for-confidential-communications.pdf.

Positive Features and Challenges

The implementation of S.B. 790 highlighted both positive features of the law and challenges in making it effective for patients. Some of the positive features of the law's implementation included the willingness of the Insurance Commissioner to incorporate suggestions of elements to make the form consumer friendly. For example, the form does not require that the patient know their insurance policy number, which can be particularly helpful for adolescents and individuals at domestic violence shelters who may not have their insurance card available; a confidential contact number is requested for communicating in case the policy cannot be identified; the alternate address can be an electronic address. The potential to redirect communications away from a spouse or domestic partner can also be particularly helpful for an individual at risk for intimate partner violence. Other positive feature of the law are that it allows all enrollees to make confidential communications requests, regardless of their age, and the form does not require evidence of endangerment.

Implementation of the law also revealed significant challenges. Although policy analysts and advocates may be aware of the law, among consumers and health care providers, the level of awareness appears to be very low. Consumers seem likely to learn about the law only by word of mouth or from their health care provider; family planning and Title X providers have received information about the law, but other health care providers have not been consistently informed and lack awareness. In addition, some advocates expressed concern about the lack of timelines for carriers to honor and implement confidential communications requests. Consistency in informing patients of their option to use the form, if they feel it would meet their needs, is thus seemingly absent. The lack of funding for the law's implementation makes increasing consumer and provider awareness difficult. One suggestion to increase more consistent awareness and use was to provide the form to every patient together with the HIPAA privacy notice that is mandated at each visit; this suggestion was met with some skepticism about its effectiveness as a meaningful way to reach patients, given the complexity of the HIPAA notices. One advocate offered the opinion that having the form available is absolutely better than not having it, but regretted that consistent information is not forthcoming from carriers about its use in order to make evaluation of any potential benefits possible. Ultimately, considerable skepticism appears to prevail among health care providers about whether insurance carriers can be relied upon to honor confidential communications requests promptly and implement them in a way that would provide effective protection for patients.

Conclusion

In contrast to more complex or multi-faceted strategies adopted by other states, Maryland chose to address the issue of privacy protection for individuals using their health insurance by building on the HIPAA Privacy Rule provision allowing for confidential communications requests and creating a state form to promote consistent implementation of that protection. This approach had the advantage of simplicity: the form was created promptly following enactment of the statute and all health insurance carriers were required to allow its use. The approach also had the advantage of building on a legal requirement that was already in place, thereby avoiding the potential for a significant battle over the substance of new requirements. Nevertheless, even Maryland's relatively straightforward approach has encountered implementation challenges: low levels of awareness of the form, uncertainty about timelines for honoring and implementation of requests by insurance carriers, and skepticism on the part of health care providers about the reliability of the approach for providing protection for their patients. Funding to support implementation of the law could begin to address these challenges while strengthening a protection that has been part of the HIPAA Privacy Rule for fifteen years but is inconsistently implemented.

Appendix A: List of Key Informants

The *Confidential & Covered* project staff would like to thank the many key informants that contributed to this work. All comments are a composite of interviews conducted, and comments should not be construed to represent the views of the organizations listed below.

Organization	Name	Title
Johns Hopkins University	Alain Joffe, MD, MPH	Director (former), Student Health and Wellness Center
Johns Hopkins University	Krishna K. Upadhya, MD, MPH	Assistant Professor of Pediatrics, Division of General Pediatrics and Adolescent Medicine
Maryland Department of Health & Mental Hygiene	Stacey Little, MD	Acting Director, Maternal & Child Health Bureau; Director, Office of Family Planning & Home Visiting, Prevention and Health Promotion Administration
Planned Parenthood of Maryland	Dawn Ballenger	Vice-President, Clinical Operations
Planned Parenthood of Maryland/ Public Policy Partners	Robyn Elliott	Consultant (PP Md)/ Partner (Public Policy Partners)

Appendix B: The Maryland Statute

Md. Insurance Code Ann.§ 15-141

§ 15-141. Communications between carriers and enrollees – Confidentiality**.**

(a) Definitions.

(1) In this section the following words have the meanings indicated.

(2) "Carrier" means:

(i) an insurer;

(ii) a nonprofit health service plan;

(iii) a health maintenance organization;

(iv) a dental plan organization; or

(v) any other person that provides health benefit plans subject to regulation by the State.

(3) "Enrollee" means a person entitled to health care benefits from a carrier.

(b) Standardized form for confidential communications requests from carrier. – The Commissioner shall develop and make available a standardized form for an enrollee to use to request confidential communications from a carrier in accordance with *45 C.F.R. ß 164.522(b).*

(c) Carrier required to accept form. – A carrier that requires an enrollee to make a request for confidential communications in writing in accordance with *45 C.F.R. ß 164.522(b)* shall accept the standardized form developed by the Commissioner under this section for that purpose.

(d) Other forms of written requests may be accepted. – This section may not be construed to limit acceptance by a carrier of any other form of written request from an enrollee for confidential communications from a carrier under *45 C.F.R. ß 164.522(b).*

Appendix B: The Maryland Form

REQUEST FOR CONFIDENTIAL COMMUNICATIONS FORM

This form lets you choose where your health information gets sent after your health care visit. Right now, if you do not complete this form, your health information will be sent to the person who pays for the insurance you use. You can ask that the information be sent to a different address or by other means that only you will see. You can do this if you believe that giving your health information to the person paying for your insurance would put you in danger.

Before sending this form to your insurance company, you may wish to contact your insurance company to see if it permits a request to be taken over the phone or by email. If the insurance company requires a written request, complete this form and send it to your insurance company.

Information about Your Insurance Policy (Please Print)

This information is private and will only be used to help your insurance company identify your policy information. Please fill out as much information as you know.

Insurance Company Name: _____

Your Name: _____
Last Name **First Name** **Middle Name**

Date of Birth: _____

Name of the family member who is the policyholder (the person who is paying for the insurance): _____

Address of family member who is the policyholder: _____

_____

Your member ID card number: _____

Group or account number on ID card: _____

If your insurance company has a question about your request, is there a phone number or email address where they can reach you privately? If so, please provide the phone number or email address: _____

REQUEST:

1. Please send any information about my health in the following manner: (such as street address, P.O. Box, or email address*): _____

_____

_____

2. I want my private health information to be sent to me privately because (choose one):

□ **I believe I could be put in danger if all or part of my health information is sent to the policyholder.**

□ **Other (please give reason):**_____

_____

_____

_____

Signature **Date**

*Requests by some alternate manner may not be secure.

NOTE: When your insurance company approves your request, the approval will apply only to private messages from that insurance company. If you change insurance companies, you will need to make a new request to the new insurance company. After you send this form, check back with your insurance company to make sure your request has been processed and approved. It is important to know that until your request is approved, the insurance company may continue to send your private health information to the person who is paying for your health insurance.

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About *Confidential & Covered*

Confidential & Covered is a multi-year research project designed to understand the factors that may make it difficult for Title X-funded family planning providers to seek reimbursement due to patient privacy concerns. Learn more at www.confidentialandcovered.com.

About NFPRHA

NFPRHA represents the broad spectrum of family planning administrators and clinicians serving the nation's low-income and uninsured. NFPRHA serves its members by providing advocacy, education, and training to those in the family planning and reproductive health care fields. For over 40 years, NFPRHA members have shared a commitment to providing high-quality, federally funded family planning care - making them a critical component of the nation's public health safety net.