



REQUEST FOR CONFIDENTIAL COMMUNICATIONS/ALTERNATIVE ADDRESS

SECTION A - Individual requesting change (Please print):

Name:	Date of Birth:
Current Address:	
Telephone:	Member ID Number:
Name of Subscriber:	
Employed By (if Dependent, Subscriber's Employer):	
Relationship to Contract holder:	

SECTION B - Please read the following, and provide the information requested:

You have the right to request that we communicate all future information by alternative means or to an alternative location. You have two options when requesting a change:

- An alternative Address: This option is if you would like to have future communications sent to an address different than the subscribers (must be 16 or older). You can also call into the customer service to have an alternate address added to your account at: 800-877-6372.
- Confidential Address: This option is if you are requesting MESVision to change your address and keep it confidential from anyone other than yourself due to the fear of harm. MESVision's takes extra protection when this is option is chosen.

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To exercise your right, please pick one of the following:

I certify that I am requesting a confidential communication due to the fact that I reasonably believe that I could be endangered should such communication not be sent to the alternative location or by the alternative means noted on this request.

I request an alternative address for all future communications with me at the following alternative location and/or via the following alternative means.

SECTION C: AUTHORIZED REPRESENTATIVE

If you are not the member, please print your name below and then check the box that describes your relationship to the member. **Please attach proof of your relationship to the member (ex. power of attorney, guardianship, etc.).**

You are entitled to a copy of this request.

SECTION C: AUTHORIZED REPRESENTATIVE (cont'd)

Print name of personal representative: _____

Legal guardian: Attach guardianship documentation, which must have a court's stamp and signature.

Power of attorney: Attach power of attorney (must include authorization of the release of health care information)

Executor: Attach letter of appointment of executorship, which must have a court's stamp and signature.

Please print and please provide full information regarding the confidential or alternative address.

Confidential/Alternate Address Line 1:

Confidential/Alternate Address Line 2:

Town/City: _____ State: _____ Zip Code: _____

Alternative Means: Phone: _____

Email: _____

Print Name: _____

Signature: _____ Date: _____

Return this form via mail to:
Medical Eye Services, Inc.
Attention: Privacy Office-CCR
P.O. Box 25209
Santa Ana, CA 92799

Return this form via email to:
privacyoffice@eyemed.com

You are entitled to a copy of this request