



Request for confidential Optum communications at an alternative address or by another means

Optum occasionally provides you with confidential communications regarding the services you receive. You can use this form to request to have those communications redirected to a different address or distributed by a different method than usual. We will honor reasonable requests.

This form applies only to confidential communications from Optum. If you are interested in redirecting other confidential communications or need to update the address or phone number on file with your plan, please contact them directly.

If your request is accepted, Optum will send written materials to the address you provide and/or call you at the alternative phone number you supply on this form. We will continue to do this until you tell us not to in writing.

To change or revoke your request, you must fill out a new form. If you move or want Optum to communicate confidentially with you at another address, you must complete and submit a new form. Requests to redirect confidential communications about services you receive from Optum cannot be made through your health plan's usual enrollment process.

Optum will respond to requests submitted by your authorized representative, such as a parent, court-appointed representative or other family member, provided the representative is authorized by you to receive your protected health information (PHI). However, we may ask for more information from you or your authorized representative to verify the right to act on the your behalf.

If you have questions about this form, please call 1-800-777-3574 and speak with a customer service advocate.

Request for confidential Optum communications at an alternative address or by another means

Use this form to request that Optum communicate with you by another means or at a different address. When filling out this form, please complete all sections, print information clearly and provide your most current information.

1. Patient information

_____ Last name	_____ First name	_____ Middle initial
_____ Mailing street address		_____ Apt. #
_____ City	_____ State	_____ ZIP
_____ Date of birth (mm/dd/yyyy)	<input type="checkbox"/> M <input type="checkbox"/> F Gender	_____ Phone number with area code
_____ Date of injury (mm/dd/yyyy)		

2. Alternative address or means

Please provide the address and/or phone number where you would like to receive future communications from Optum. The address must be different than the permanent address on record with Optum. If you provide an alternative address, Optum will send written communications to this address until you tell us in writing to use another.

_____ Mailing street address		_____ Apt. #
_____ City	_____ State	_____ ZIP
_____ Phone number with area code		

Please state the alternative means you would like Optum to use when communicating with you (if applicable).

3. Patient/authorized representative signature

I want Optum to communicate with me at the address or phone number, or in the manner requested above.

_____ Patient signature	_____ Date
_____ Authorized representative signature (if applicable)	_____ Date

Important: If legal documentation is not on file with Optum, the authorized representative, including the parent, legal guardian, or executor of an estate, must attach a copy of legal documentation to this form.

_____ Authorized representative's name	_____ Phone number with area code	
_____ Mailing street address	_____ Apt. #	
_____ City	_____ State	_____ ZIP
_____ Relationship to patient and Authority to Act for patient		

4. Please mail the completed form to:

Optum, Attn: Medical Records 175 Kelsey Lane, Tampa, FL 33619
or fax to: 1-888-579-0064

Please keep a copy of this form for your records. You also have the right to receive a copy of this authorization.