

Notice of Confidential Communication - California¹

You may request that we direct confidential communications about Protected Health Information (“PHI”), including the *sensitive services* you’ve received, to an alternative mailing address, email address, or telephone number. *Sensitive services* include but are not limited to all covered services related to mental or behavioral health, sexual and reproductive health, sexually transmitted infections, infectious diseases, substance use disorder, gender affirming care, and intimate partner violence.

If you are able to consent to medical services, you are not required to obtain the authorization of the primary member to receive *sensitive services* or submit a claim for *sensitive services*.

We will also accommodate requests for confidential communication in the form and format requested if it is readily producible. Your request for confidential communications will be valid until you revoke the request or submit a new confidential communication request.

Confidential communications include the following types of written, verbal, or electronic communications:

- Bills and attempts to collect payment
- A notice of adverse benefit determination
- An Explanation of Benefits (EOB) notice
- Requests for additional information regarding a claim
- A notices of contested claim
- The name and address of a provider, description of services provided, and other information related to a visit
- Any written, oral, or electronic communication that contains protected health information

You may request a confidential communication by completing and signing the Request for Confidential Communication - California form and returning to:

Trustmark Companies
Law & Compliance - Privacy Officer
P.O. Box 7961
Lake Forest, IL 60045-7961

Email: PrivacyOffice@trustmarkbenefits.com

¹ §§ 56.05, 56.35, 56.107 Cal. Civil Code, §§ 791.02, 791.29 Cal. Ins. Code

Request for Confidential Communication - California

Complete this form to receive all communications disclosing Protected Health Information (“PHI”) to an alternative mailing address, email address, or telephone number or by alternate means, if readily producible.

Note: If you are aged 12 or over, you do not require approval from your parent, guardian, or personal representative to make a confidential communication request.

Covered individual requesting confidential communication:

Your relationship to the member: Self Dependent Appointed Personal Representative
(If appointed personal representative has been selected, the Appointment of Personal Representative Form must be on file to release this information).

Full name _____

Date of birth (MM/DD/YYYY) _____

Group number: _____

Member ID number: _____

Email address or telephone number to reach you with questions: _____

I request Trustmark to send communications with PHI through the following method(s):

Alternate address: _____

Alternate email address: _____

Alternate telephone number: _____

Conditions governing the request for confidential communications

Trustmark may grant the request for confidential communications subject to the following:

- Benefits payable will be sent to the member of the plan when appropriate. A detailed Explanation of Benefits will not be attached to the payment.
 - A request for confidential communications will apply to all PHI.
 - This request is valid until you revoke the request or submit a new confidential communication request.
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Signature of individual, parent of minor child, or appointed personal representative

Signature

Date

Printed Name _____

Please return the completed and signed request to: Trustmark Companies, Law & Compliance - Privacy Officer, P.O. Box 7961, Lake Forest, IL 60045-7961 or via PrivacyOffice@trustmarkbenefits.com.