



Request to Receive Confidential Communications at an Alternative Location

Federal law says that you have the right to request that the Agency for Health Care Administration communicate with you at a different location or by a different means if you believe that you would be endangered if your health information were sent to your current address.

Information Identifying the Individual for this Request

Name of Individual: _____ SSN: _____

Disclosure of your Social Security Number is not mandatory. The Agency for Health Care Administration may request your Social Security Number pursuant to Section 119.071, Florida Statutes. If provided, the Agency will use your information for purposes of finding the requested information.

Medicaid ID or Gold Card Number: _____

Phone Number: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

I request that the Agency for Health Care Administration send my health information to the following different address or by the following means.

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone Number: _____ Other: _____

Disclosure of all or part of this information to my present address or through present means:

(Check one) will endanger me.

will not endanger me.

I DECLARE UNDER PENALTY OF LAW THAT THE INFORMATION ON THIS FORM IS TRUE AND CORRECT.

Signature: _____ Date: _____

Printed Name: _____

Legal Authority if Other Than Individual: _____

If you are a legal representative of the person subject to this request, you must provide documentation proving your legal authority to make this request (for example, power of attorney, guardianship papers, health care surrogate form, Order Appointing Personal Representative, Letters of Administration).



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Your Right to Confidential Communication

You have a right to request that the Agency for Health Care Administration communicate with you at a different location or by a different means if you believe that you would be endangered if your health information were sent to your home address. You may submit your request directly to the Privacy Officer at the address given at the bottom of this page or to your Field Office, which will forward it to the Privacy Officer.

If you receive Medicaid and would like to have your Medicaid mailing address changed, you must ask the Agency that determined your eligibility (Department of Children and Families, Social Security Administration or other Agency) to change your Medicaid mailing address. The Agency for Health Care Administration cannot change your Medicaid mailing address.

The Agency will accommodate reasonable requests.

If you have any questions about confidential communication, call or write to:

**Privacy Officer
Agency for Health Care Administration
2727 Mahan Drive, Mail Stop #4
Tallahassee, Florida 32308
Phone: 850-412-3960 FAX: 850-414-6837
HIPAAComplianceOffice@AHCA.MyFlorida.com**