



Michigan Conference of Teamsters Welfare Fund Individual Request for Confidential Communications of Protected Health Information

Section #1: Individual Information

I certify that I am (check all that apply):

- A participant (employee/retiree)
- A participant's spouse or surviving spouse
- A non-spousal dependent of a participant
- A personal representative*

Name of Participant: _____
(print name)

Participant's Contract Number: _____ - _____ - _____ Participant's Birth Date: ____/____/____
MM / DD / YR

You can contact me at:

Home Telephone Number: _____ E-mail: _____

Work Telephone Number: _____

I am requesting confidential communications for (check only one):

- Myself (print name) _____
- My dependent minor child (print name) _____
- A covered individual for whom I am the personal representative* (print name) _____

**Note: If you are a personal representative of the individual and you are completing this form on behalf of the individual, you must complete the personal representative area found in Section #3. Personal representative means a person with legal authority (under State or applicable law) to act on behalf of the individual in making health care decisions.*

Section #2: Confidential Communications

I, _____ (print name), am requesting that the Michigan Conference of Teamsters Welfare Fund (the Fund) communicate in the alternative manner and/or location described below regarding health information (information that constitutes protected health information as defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996) for the identified individual in Section #1. Such restriction is necessary to prevent a disclosure that could endanger the individual identified in Section #1. I understand that the Fund may deny this request if it imposes an unreasonable administrative burden.

Description of the Health Information that Must be Communicated Confidentially. The following is a description of the specific health information to which this request applies:



**Michigan Conference of Teamsters Welfare Fund
Individual Request for
Confidential Communications of Protected Health Information**

Alternative Manner and/or Location. I request that the Fund only communicate in the following manner and/or at the location described below:

I, _____ (print name), have reviewed this form and understand its contents. By signing this form, I am confirming that it accurately reflects my wishes.

_____/_____/____ Date of Signature
Signature MM DD YY

Address: _____

Section #3: Personal Representative

If signed by a personal representative, complete the following:

Name of personal representative: _____
(print name)

Name of individual you are representing: _____
(print name)

Relationship to individual or nature of authority (e.g., parent of an unemancipated minor, unlimited guardian pursuant to letters of authority, personal representative pursuant to letters of authority, parent advocate pursuant to a health care power of attorney, other statutory authorization): _____

Note: You must provide valid and current proof of your legal relationship as a personal representative.

Personal Representative Contact Information

Address: _____

Home Telephone Number: _____ E-mail: _____

Work Telephone Number: _____

_____/_____/____ Date of Signature
Signature of Personal Representative MM DD YY

Section #4: Submission Instructions

Submit Form to: Privacy Officer
Michigan Conference of Teamsters Welfare Fund
2700 Trumbull Avenue
Detroit, MI 48216