



# ALTERNATIVE COMMUNICATIONS REQUEST

## Section I: Individual requesting alternative communication

Name:	ID Number:
Address:	City, State, Zip:
Telephone:	Email:
Date of Birth:	

## Section II: Please read the following

You have the right to request that Farm Bureau Health Plans communicate about your protected health information (“PHI”) by alternative means or to an alternative location. We will accommodate your request if (a) it is reasonable, (b) you specify an alternative address or other method of contact, (c) you state that disclosure of all or part of the information to which the request pertains could endanger you. To request alternative communication of your PHI, please complete Section II, and sign and date Section III.

Specify alternative means or alternative location to which Farm Bureau Health Plans should communicate your PHI:

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This request applies to the following communications:       From: \_\_\_\_\_       To: \_\_\_\_\_  
 From: \_\_\_\_\_      Until Further Notice

## Section III: Individual’s Signature

I attest that disclosure of all or part of my PHI could endanger me and request that my PHI be communicated by the alternative means or to the alternative location specified above.

Signature of Individual: \_\_\_\_\_      Date: \_\_\_\_\_

If this request is by a Personal Representative on behalf of the individual, complete the following:

Personal Representative’s Name: \_\_\_\_\_

Relationship to Individual: \_\_\_\_\_

<b>FOR FBHP USE ONLY – FORWARD TO PRIVACY OFFICE</b>
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**Date Request Received:** \_\_\_\_\_      **Request:**     Accepted     Denied

**Reason for Denial:**     Request is not reasonable to accommodate  
 Alternate address or method of contact not provided  
 Other (please explain): \_\_\_\_\_

\_\_\_\_\_  
**Signature of FBHP Privacy Office Representative**      **Date**

### YOU ARE ENTITLED TO A COPY OF THIS REQUEST

Return completed form to: Farm Bureau Health Plans, Privacy Office, P.O. Box 313, Columbia, TN 38402-0313 or email to [privacyforms@fbhp.com](mailto:privacyforms@fbhp.com)