Guardian®

Confidential Communication Request

You have the right to request that Guardian communicate with you about your health, payment for health care, and other information in a particular manner or at a certain location. For example, you may ask that we contact you at work rather than at home. We will accommodate all reasonable requests made in writing that clearly state that your life could be endangered by the current disclosure method of all or part of your PHI.

Member Information:

Name: _____ Date of Birth: _____
(First, Middle, Last) (Month/Day/Year)

Address: _____
City State Zip Code

Telephone Number: _____
(including area code)

Primary Subscriber Name: _____ Member ID_____

If you wish us to contact you at an address or phone number other than your home address or home telephone, please provide the information that you would like us to use:

Address: _____

City: _____ State: _____ Zip: _____

Alternative Telephone Number: ( ) _____ - _____

Describe in as much detail as possible any other alternative means you request we use in communicating with you or any other alternative location not detailed above:

_____

_____

_____

_____

Please describe the reason for the request:

_____

_____

Print Name: _____ Relationship: _____

Signature: _____ Date: _____

If you are an authorized representative (other than a parent of a minor child), you will need to provide documentation or an explanation of your authority to act for the member (e.g., Power of Attorney).

Please send this form to:

Guardian Direct Dental
P.O. Box 981587
El Paso, TX 79998-1587