



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. See the other side for information about your right to request confidential communications at an alternative location or by alternative means.

Name _____ Date of Birth _____

Phone Number (____) _____ Social Security Number _____

Current Street Address _____

City _____ State _____ Zip _____

If you receive Medicaid, enter your Medicaid ID number or gold card number from the back of your Medicaid ID card _____

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

In care of _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____

Alternative means of communication _____

Disclosure of all or part of this information to my present address or through present means
 will endanger me will not endanger me.

Signature _____ Date _____

OR

Signature of Authorized Representative _____ Date _____

Relationship of Authorized Representative _____

(Attach documentation that you are a personal representative, for example: authorization form, durable power of attorney, court order, guardianship papers)

To Be Completed by the Agency for Health Care Administration

Approved _____

Denied _____

(Give the reason)

Comment _____

AHCA Representative Signature _____ Date _____

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 Area Office, which will forward it to the Privacy Officer.

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

In order for the Agency to accommodate your request, you must include an alternative 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: 850-488-3849