

This form directs [Company Name] to communicate with you about your personal health information at the address you select.

1. Member Information

First Name	Last Name	Date of Birth
Member ID	Group Number	Subscriber Number
Address	City/State	Zip Code

Phone: the company may configure this to auto fill or some other fill in convention if it desires

2. Do Not Disclose This Type of Information

Check all that apply: the company may arrange these so there are check boxes, and in any order they choose.

- | | |
|---|---|
| <input type="checkbox"/> General Health information | <input type="checkbox"/> Sexually Transmitted Disease, including HIV/Aids |
| <input type="checkbox"/> Reproductive health (including abortion) | <input type="checkbox"/> General Health information |
| <input type="checkbox"/> Mental or Behavioral Health or Psychiatric information | <input type="checkbox"/> Substance Use Disorder Treatment |
| <input type="checkbox"/> Alcohol or Chemical Dependency | <input type="checkbox"/> Genetic Information |

3. Alternate Address

- Use the address in section 1
- Use the address below until I revoke or terminate this Directive.

Address	City/State	Zip Code
<small>The company may set up the address sections based on their normal format.</small>		

4. Please Read This Before You Sign and Send

This Non-Disclosure Directive does not apply to your healthcare provider. You must give them separate, specific instruction about what healthcare information they may share, and with whom. This request stays in effect until you notify us in writing that it is terminated or revoked. Your health plan may have already shared health information before it received this request, and that disclosure cannot be changed. Your health plan and its representatives are not required to comply with this request if a court order or court document prohibits us from following your directive. We will act upon your request within 3 business days of receiving it from you. You may also call us at [xxx-xxx-xxxx] to provide us with this direction.

5. Signature: please create a signature block for the printed name, signature and date of signature