Company Logo

Non-Disclosure Directive

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
		the company may insert a drop down menu or auto-filled option for this field
Member ID The company may set the Fields on this row up to align with the way it configures its member identification	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.**

_____ General Health information

_____ Reproductive health (including abortion)

_____ Mental or Behavioral Health or Psychiatric information

_____ Alcohol or Chemical Dependency

_____ Sexually Transmitted Disease, including HIV/Aids

_____ General Health information

_____ Substance Use Disorder Treatment

_____ 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**
The company may set up the address sections based on their normal format.		

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

Mail to: [Carrier designated location to receive the notice] Fax: (555) 555-1234 Email: carrier@carrieremail.com