NOTICE FOR COMMUNICATING CONFIDENTIAL MEDICAL INFORMATION

MediExcel Health Plan protects the confidentiality of all adult enrollees as well as those enrollees who are 12 years of age and above, (known as "Protected Enrollees") who have the right to consent to care regarding sensitive health care services. Upon request by an enrollee, MediExcel Health Plan will not disclose the Protected Enrollees sensitive health care information to the Primary Subscriber or other Enrollees, including: (1) Mental health treatment or counseling services on an outpatient basis; (2) prevention or treatment of pregnancy; (3) treatment of an infectious, contagious, or communicable disease; (4) diagnosis or treatment of a disease, if the disease or condition is one that is required by law, or regulation adopted pursuant to law to be reported to a local health officer, or is a related sexually transmitted disease; (5) treatment of a condition, and the collection of medical evidence with regard to an alleged sexual assault; (6) medical care and counseling relating to the diagnosis and treatment of a drug or alcohol-related problem; (7) medical care related to the diagnosis or treatment of an injury and the collection of medical evidence with regard to alleged intimate partner violence; and, (8) an HIV test.

This protection of confidentiality includes: (1) not having to obtain the primary subscriber's authorization to receive sensitive health care services or to submit a claim for sensitive health care services; (2) communicating directly with the "Protected Enrollee"; (3) permitting and accommodating requests from the "Protected Enrollees" for confidential communication in the form and format requested; and, (4) not disclosing medical information related to sensitive health care services provided to a "Protected Enrollee" to the primary subscriber or any enrollees other than the enrollee receiving care, unless there is an express authorization of disclosure from the "Protected Enrollee."

MediExcel Health Plan's direct communication with the "Protected Enrollee" for receipt of sensitive health care services will be through the "Protected Enrollee's" preferred manner. The "Protected Enrollee" may establish a designated alternative mailing address, e-mail address, or telephone number. In the absence of a designated alternative mailing address, e-mail address, or telephone number, MediExcel Health Plan will direct communication to the address or telephone number on file in the name of the "Protected Enrollee."

Communications (written, verbal or electronic communications) regarding a "Protected Enrollee's" receipt of sensitive health care services shall include:

- Bills and attempts to collect payment
- Notice of adverse benefit determinations
- Explanation of benefits notice
- Request for additional information regarding a claim
- Notice for a contested claim
- Name and address of a provider, description of services provided, and other information related to a visit
- Any written, oral, or electronic communication from MediExcel Health Plan that contains protected health information

To establish confidential communication with MediExcel Health Plan, please contact our Member Services Department at (619) 365-4346, (664) 633-8555 if dialing from México, by e-mail at memberservices@mediexcel.com, or by mail at MediExcel Health Plan 750 Medical Center Court, Suite 2, Chula Vista, CA 91911, and request confidential communication. Within 7 calendar days of receipt of an electronic or telephonic request, or within 14 calendar days of receipt by first-class mail, MediExcel Health Plan shall acknowledge receipt of confidential communication request and advise the "Protected Enrollee" of the status of implementation of the request. Similarly, "Protected Enrollees" can end their confidential communication by notifying Member Services at any time.

Confidential Communications Request Form

This form is to request communications regarding confidential sensitive health services from MediExcel Health Plan, to be sent to an alternative address or by alternative means. "*Communications*" refers to medical, claim and billing information containing protected health information (*PHI*) about the member, including the type of service, date of service and name of providers. "*Sensitive Health Services*" include sexual and reproductive health care, mental health, sexual assault and/or intimate partner violence counseling and care, and treatment for alcohol and drug abuse.

Member requesting confidential communication of sensitive health services:

Name: _____

Medical Record Number: _____ Date of Birth: _____

I am covered under my: ☐ Spouse/Domestic Partner ☐ Parent

Current Address on File: _____

_____ _____ _____
City State Zip Code

Request:

I am requesting for all confidential sensitive health information I receive using my health insurance, including where and when I receive health care, be sent directly to me at the alternate means below. **Check one**.

☐ **Alternate Address**:_____

_____ _____ _____
City State Zip Code

☐ **Alternate E-mail**:_____

☐ **Alternate Telephone Number**:_____

If you have questions about my request, I prefer to be contacted by (***check one***):

☐ **Alternate Address**

☐ **Alternate E-mail**

☐ **Alternate Telephone Number**

I understand this request will remain in effect until I revoke or submit a new request.

Signature:_____ Date: _____

Please return completed and signed request form to Member Services at memberservices@mediexcel.com.