CALIFORNIA CONFIDENTIAL COMMUNICATIONS

CONFIDENTIAL COMMUNICATION OF MEDICAL INFORMATION REQUEST (CCR)

A covered person who is a protected individual may submit a request for Confidential Communication of Medical Information Request (CCR). The CCR may be requested either in writing or electronic transmission, including by telephone, if a covered person who is a protected individual clearly states that the disclosure of all or part of the covered person’s protected health information (PHI) relates to the receipt of sensitive services or could endanger them.

Write To:

Claims Department
PO Box 31344
Salt Lake City, UT 84131-0344

Fax: 1-801-207-1085
Phone: 1-800-657-8205

The CCR will be valid until the covered person who is a protected individual submits a revocation of the CCR or a new CCR is submitted.

For the purposes of this CCR, the following definitions apply:

“Protected individual” means any adult covered by the policy or a minor who can consent to a health care service without the consent of a parent or legal guardian, pursuant to state or federal law. Protected individual does not include an individual that lacks the capacity to give informed consent for health care.

“Sensitive services” means all health care services related to mental or behavioral health, sexual and reproductive health, sexually transmitted infections, substance use disorder, gender affirming care, and intimate partner violence obtained by a patient at or above the minimum age specified for consenting to the service.