

Beginning January 1, 2020 Health carriers must direct all communication regarding a recipient of sensitive health care services directly to the individual receiving care, or to a physical or email address or telephone number specified by the protected individual.

Sensitive health care services means¹ health services related to reproductive health, sexually transmitted diseases, substance use disorder, gender dysphoria, gender affirming care, domestic violence, and mental health.

A carrier or insurer may not disclose nonpublic personal health information concerning sensitive health care services provided to the recipient to any person, including the policyholder, the primary subscriber, or any plan enrollees other than the individual receiving care, without the express written consent or verbal authorization on a recorded telephone line of the individual receiving care. An individual may inform their health carrier by completing the nondisclosure form, calling by phone, or emailing their health carrier. If the health carrier has developed a process on their website, the individual may also use that to alert their carrier.

An individual in this context means²:

1. An adult covered as a dependent on the enrollee's health benefit plan, including an individual enrolled on the health benefit plan of the individual's registered domestic partner; or
2. A minor who may obtain health care without the consent of a parent or legal guardian, pursuant to state or federal law.

Protected individual does not include an individual deemed not competent to provide informed consent for care under RCW 11.88.010 (1) (e).

Communications subject to this limitation³ include the following written, verbal, or electronic communications:

- Bills and attempts to collect payment;
- A notice of adverse benefits determinations;
- An explanations of benefits notice;
- A carrier's request for additional information regarding a claim;
- A notice of a contested claim;
- The name and address of a provider, a description of services provided, and other visit information; and
- (Any written, oral, or electronic communication from a carrier that contains protected health information.

¹ RCW 48.43.005(39)

² RCW 48.43.005(38)

³ RCW 48.43.505(4)

As of January 1, 2020, Washington law requires insurers to comply with your request

| | | |
|--------------------|-------------------------|------------------------------|
| Your Date of Birth | Your Insurance Member # | Your Group # (if applicable) |
|--------------------|-------------------------|------------------------------|

Additional request: (Please mark statement below if applicable)

I request that communications containing any of the above information be sent to me as available as follows:

Please mark the way(s) you would like to receive information. If you mark more than one way, put a "1" next to your first choice, "2" next to your second choice and so on. Your health carrier is required to contact you through at least one of the communication methods noted below.

_____ Email to the following email address: _____

_____ Message through my online insurance carrier portal: _____

_____ Text to the following telephone #: _____

_____ U.S. Mail at: Name (include c/o if applicable): _____

_____ Address: _____

_____ City, State, Zip Code: _____

_____ Other (please describe): _____

Is there a phone number or email we can use to contact you if we have questions regarding this request?

This request is valid until I submit a revocation or a new request.

Signature: _____ **Date:** _____

Please note! It may take up to 3 business days from the date of receipt for your health carrier to process this form.