

# Request for Confidential Communication

Sutter Health Plus wants to ensure we keep your medical information confidential. We automatically keep your information private. You can request that we share your information with other individuals by completing the Authorization for Use and Disclosure of Protected Health Information form. You can access the form on the Sutter Health Plus website at [sutterhealthplus.org/forms](http://sutterhealthplus.org/forms) under the For Members section.

We can send your confidential medical communications to a different mailing address. If you are 12 or older, and want Sutter Health Plus to send your communications to a different mailing address please complete the information below.

## You can complete your request by:

- Emailing this completed form to: [shpenrollmentmailbox@sutterhealth.org](mailto:shpenrollmentmailbox@sutterhealth.org)
- Calling member services at: 1-855-315-5800
- Mailing this completed form to:  
Sutter Health Plus  
P.O. Box 160345  
Sacramento, CA 95816

## Your Information

Last Name

First Name

Date of Birth

Member Identification Number

## Different Contact Information

Address

City

State

ZIP

Email Address

Phone Number

## Signature

This request is effective immediately and will remain in effect until you cancel. You may cancel this request at any time. To cancel this request call Sutter Health Plus Member Services.

Member Signature

Date