

Request for Confidential Communication

Sutter Health Plus

Sutter Health Plus wants to ensure we keep your medical information confidential. We automatically keep your information private.

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.

Email or mail your completed form to:



EMAIL

shpenrollmentmailbox@sutterhealth.org



MAIL

Sutter Health Plus
P.O. Box 160345
Sacramento, CA 95816

Or call to complete your request:



TELEPHONE

Member Services
855-315-5800
(TTY 855-830-3500)

Your Information

Last Name

First Name

Date of Birth

Member ID 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 Member Services.

Member Signature

Date

Note: This form is used to limit access to your information. If you want to share your information with other individuals, complete 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 in the For Members section.

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