



# CONFIDENTIAL COMMUNICATIONS REQUEST FORM

I request that all UPHP communications to me that contain my health information be given to me using a different address and/or phone listed below.

I am asking this because:

- Release of this information could put me in danger.
- Other reason, please explain: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ UPHP ID Number: \_\_\_\_\_

Other Address: \_\_\_\_\_

Other Phone: \_\_\_\_\_

Preferred Method of Communication:  Phone  Mail  Other: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return completed forms to:**

Upper Peninsula Health Plan  
Privacy Officer  
853 W. Washington Street  
Marquette, MI 49855

**To be completed by UPHP:**

Requested restriction(s) are:

- accepted
- denied

**Upper Peninsula Health Plan (UPHP) MI Health Link (Medicare-Medicaid Plan) Members:** Call your Care Coordinator or contact UPHP Customer Service at 1-877-349-9324 (TTY: 711), Monday through Friday from 8 a.m. to 9 p.m. Eastern Time. The call is free.

**Upper Peninsula Health Plan (UPHP) Medicaid & Healthy Michigan Plan Members:** Call UPHP Customer Service at 1-800-835-2556 (TTY: 711), Monday through Friday from 8 a.m. to 5 p.m. Eastern Time. The call is free.

Upper Peninsula Health Plan (UPHP) MI Health Link (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.

**You can get this document free of charge in other formats, such as large print, braille, or audio call 1-877-349-9324 (TTY: 711) Monday through Friday from 8 a.m. to 9 p.m. Eastern Time. The call is free.**