

Confidential Communications Request

A Confidential Communications Request (CCR) is a request to keep member communications private. Under the law you have a right to ask for a CCR. This is for Protected Health (PHI) and Medical Information (MI). The PHI/MI will be sent to the address, email, or phone number you may choose. You may ask to get your PHI/MI in a certain form and format. Only a protected member may make a CCR of MI that involves sensitive services*. You may use this form to tell us how you would like to get your PHI/MI. We will accommodate your request, if the PHI/MI can be sent:

- in the requested form and format, or
- to other places.

*"Sensitive Services" means health care services described in Cal. Family Code Sections 6924 to 6930. It is also for those health care services described in Cal. Health and Safety Code Sections 121020 and 124260

PLEASE PRINT:	
Member Name:	Date of Birth:
Address:	
Member ID#	Phone:
This CCR applies to th	he below PHI/MI about me:
•	y prior CCR I may have made.
Please select all that ap	pply:
Phone	□ nt
Phone Number:	☐ Phone: ☐ Yes ☐ No
Leave message: Leave messages with ar	
Mail	ly other person.
Mailing address:	
Maning address.	
Email	
Email Address:	
Please send your filled	out form to us by fax OR mail OR electronic transmission:
Fax	(844) 834-2155
Mailing Address	Molina Healthcare
	Attn: Service Fulfillment
	200 Oceangate Ste 100 Long Beach CA 90802
Electronic Transmission	Upload completed form via Molina Member Portal: https://member.molinahealthcare.com/Member/login , and use the 'Send Message' feature.
-	1
Signature of Member of	or Member's Personal Representative Date
Printed Name of Mem	ber's Personal Representative
For Molina Healthca	
Date Received:	Date Cancelled or Changed: