



# Request for Confidential Communication of Protected Health Information from USABLE Life

PO Box 1650  
Little Rock, AR 72203-1650

You have the right to request that your protected health information maintained by USABLE Life be communicated to you in a confidential or alternate manner. The request must be in writing, and you may use this form to make sure all required information is included. You are not required to use this form but must include all information below for the request to be processed. You may make your request by phone in an emergency situation. A phone request must be followed with a written request to be effective.

The request must be in writing, and must contain the following information:

Insured's Full Name: \_\_\_\_\_

Insured's Date of Birth: \_\_\_\_\_

Insured's Policy Number: \_\_\_\_\_

Line of Business:  Accident  Cancer  Critical Illness  
 GAP  Heart & Stroke  Hospital Indemnity  
 \_\_\_\_\_

Current Address  
Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

New Address you wish to use: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime phone number where we can contact you: \_\_\_\_\_

Reason you are requesting confidential communications:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The request must be mailed or faxed to the USABLE Life Privacy Office at:

P.O Box 1650  
Little Rock, AR 72203-1650  
Fax number: (501) 235-8484  
Telephone number: (501) 212-8871 or (800) 648-0271, Extension 8871  
E-mail: [privacyofficer@usablelife.com](mailto:privacyofficer@usablelife.com)

**Please note** that claims or correspondence processed prior to the change of address effective date will be sent to the old address.

### Effective Date

You will receive a confirmation notice or request for more information at the new address you have indicated. The change will be in place after you receive the acknowledgement from us. Until that time, you must assume that all correspondence will go to the original address.

### Cancellation of Address Change:

To cancel the change of address, a written request must be received and processed by the Privacy office. When a confidential communications order is cancelled, all information will once again be available to the policyholder.

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