

## CALIFORNIA CONFIDENTIAL COMMUNICATIONS

### CONFIDENTIAL COMMUNICATION OF MEDICAL INFORMATION REQUEST (CCR)

A *covered person* who is a *protected individual* may submit a request for Confidential Communication of Medical Information Request (CCR). The CCR may be requested either in writing or electronic transmission, including by telephone, if a *covered person* who is a *protected individual* clearly states that the disclosure of all or part of the *covered person's* protected health information (PHI) relates to the receipt of *sensitive services* or could endanger them.

**Write To:**

Claims Department  
PO Box 31344  
Salt Lake City, UT 84131-0344

**Fax:** 1-801-207-1085

**Phone:** 1-800-657-8205

The CCR will be valid until the *covered person* who is a *protected individual* submits a revocation of the CCR or a new CCR is submitted.

For the purposes of this CCR, the following definitions apply:

*"Protected individual"* means any adult covered by the *policy* or a minor who can consent to a health care service without the consent of a parent or legal guardian, pursuant to state or federal law. *Protected individual* does not include an individual that lacks the capacity to give informed consent for health care.

*"Sensitive services"* means all health care services related to mental or behavioral health, sexual and reproductive health, sexually transmitted infections, substance use disorder, gender affirming care, and intimate partner violence obtained by a patient at or above the minimum age specified for consenting to the service.