



## PRIVACY REQUEST OF CONFIDENTIAL COMMUNICATION

Please complete this form to request privacy of confidential communications from VSP for claim-related information.

**Step 1:** Covered individual *requesting privacy of* confidential communication:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ VSP Member I.D.: \_\_\_\_\_  
Relationship to Primary Person covered by VSP: \_\_\_\_\_  
Current Address: \_\_\_\_\_

**Step 2:** Read the following and complete the information requested.

You may make a reasonable request to receive VSP claim-related information by other means or at a different address if you are threatened or in danger. "Claim-related information" includes all claim or billing information relating to you, including your name, address, services received, and the name and address of your doctor. This request will remain in effect until you contact VSP to cancel it.

I, the *covered individual*,\* request Vision Service Plan to send my VSP claim-related information to the following address because disclosing the claim-related information could endanger me:

If you are using someone else's address, enter their name:

In care Of: \_\_\_\_\_  
Alternate Address \_\_\_\_\_  
Alternate Phone Number: \_\_\_\_\_ Alternate Email Address: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT:** If the *covered individual*\* is younger than 18 years old and the person making this request is the parent, guardian or legal representative provide the following information.

**Parent or Guardian** Name: \_\_\_\_\_  
Relationship to Covered Individual: \_\_\_\_\_

If a legal representative, such as an attorney, is making this request on behalf of the *covered individual*\*, provide:

Legal Representative's Name: \_\_\_\_\_  
Organization or Firm Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Business Phone Number: \_\_\_\_\_ Business E-mail Address: \_\_\_\_\_  
Relationship to Covered Individual: \_\_\_\_\_

SEND completed form to:

VSP Legal Department

3333 Quality Drive, MS 16H

Rancho Cordova, CA, 95670

Fax to 916.851.4851 or Email [RegulatoryManagement3@vsp.com](mailto:RegulatoryManagement3@vsp.com)