



PARTICIPANT REQUEST FOR CONFIDENTIAL COMMUNICATIONS
 NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
 SFN 58772 (Rev. 01-2014)

58772

NDPERS • PO Box 1657 • Bismarck, • North Dakota 58502-1657
(701) 328- 3900 • 1-800-803-7377 • Fax 701-328-3920

PART A MEMBER INFORMATION	
Name (Last, First, Middle)	NDPERS Member ID
Last Four Digits of Social Security Number	Date of Birth
Health Plan ID Number	
PART B MEMBER AUTHORIZATION & ACKNOWLEDGEMENT	
<p>I, _____, am requesting that NDPERS communicate with me in the alternative manner and/or location described below regarding my health information (information that constitutes protected health information as defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996). Such restriction is necessary to prevent a disclosure that could endanger me. I understand that NDPERS may deny this request if it imposes an unreasonable administrative burden.</p> <p><u>Description of the Health Information that Must be Communicated Confidentially.</u> The following is a description of the specific health information to which this request applies:</p> <p>_____</p> <p>_____</p> <p><u>Alternative Manner and/or Location.</u> I request that NDPERS only communicate with me in the following manner and/or at the location described below:</p> <p>_____</p> <p>_____</p> <p>By signing this form, I am confirming that it accurately reflects my wishes.</p> <p>_____ / ____ / ____</p> <p style="text-align: center;">Signature Date</p> <p>If signed by personal representative:</p> <p>Name of personal representative (print): _____</p> <p>Relationship to participant or nature of authority: _____</p> <p>_____ / ____ / ____</p> <p style="text-align: center;">Signature of Personal Representative Date</p>	

