

NON-DISCLOSURE DIRECTIVE

FOR MEMBERS OF BRIDGESPAN HEALTH COMPANY:

This form tells us what address to use when we send you information about your health. Please fill in as many parts of this form as you can. If you need help filling it out, please call 1 (888) 367-2112.

1. Member Information

First Name	Middle Initial	Last Name	Suffix	Date of Birth
Member ID	Group Number	Subscriber Name	Subscriber ID	
Subscriber Address	City	State	Zip Code	
Email:	Phone:			

2. Please send all future communication about my health care services to me at a new address. I have checked the box for the type of health care services to which this direction applies.

Check all that apply:

- ☐ All information related to my health ☐ Sensitive health care services information

Sensitive health care services are health services you receive related to reproductive health, sexually transmitted disease, substance use disorder, mental health care, gender dysphoria, gender affirming care, or domestic violence.

New Address: Use the address below until I revoke or terminate this Directive.

Address	City	State	Zip Code

3. Please Read This Before You Sign and Send

These instructions do not apply to your healthcare provider.

- ☐ We won't change your address again until you tell us to, in writing or by phone.
- ☐ Before we received your request, we may have sent some health information to the person paying for your health care, and that disclosure cannot be changed.
- ☐ Your health plan and its employees may not comply with this request if the law or a court order tells us we cannot follow your directive.
- ☐ We will act upon your request within 3 business days of receiving it from you.
- ☐ You may also call us at 1 (888) 367-2112 for information or to give us new instructions.

4. Signature:

Printed Name	Signature	Date of Signature

Mail to: PO Box 1106, Lewiston, ID 83501

Email: MemberMaintenance@bridgespanhealth.com