58772

Clear Form

PARTICIPANT REQUEST FOR CONFIDENTIAL COMMUNICATIONS
NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
SFN 58772 (Rev. 1-2022)

NDPERS • PO Box 1657 • Bismarck • ND • 58502-1657
(701) 328-3900 • (800) 803-7377 • Fax (701) 328-3920 • ndpers-info@nd.gov

PART A MEMBER INFORMATION

Name (Last, First, Middle)	NDPERS Member ID
Last Four Digits of Social Security Number	Date of Birth (mm/dd/yyyy)
Health Plan ID Number	

PART B MEMBER AUTHORIZATION & ACKNOWLEDGEMENT

Requester

I, as named above, 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.

Description of the Health Information that Must be Communicated Confidentially. The following is a description of the specific health information to which this request applies
Alternative Manner and/or Location. I request that NDPERS only communicate with me in the following manner and/or at the location described below

By signing this form, I am confirming that it accurately reflects my wishes.

Signature (Electronic Signature will not be accepted)	Date

If signed by personal representative

Print Name of Personal Representative	Relationship to participant or nature of authority
Signature of Personal Representative (Electronic Signature will not be accepted)	Date