



Request To Contact Client at a Different Address

- You have the right to ask the Illinois Department of Healthcare and Family Services (Agency) to contact you about your personal health information at a different address or in a different way than the Agency contacts you now. If you want the Agency to send letters about your personal health information to a different address, you must tell the Agency what that different address is.
- Requests to contact you at a different address or in a different way are often made when a person feels his or her health or safety are in danger if personal health information is sent to his or her home address.
- The Agency will do its best to accommodate all reasonable requests.

My name: _____ Date of birth: _____

Recipient I.D. Number (RIN) _____

I request that the Agency send my personal health information to the following person or address:

_____ (person)

_____ (Street Address or P.O. Box)

_____ (City, State, Zip)

_____ (Alternate phone number)

Other communications requests:

If you change your address, all of your Medicaid information will be sent to this address.

Do you want to have everything sent to this address?

Yes

No

Signature: _____ Date: _____

Send this Personal Representative Designation or Revocation to:

Privacy Officer
Office of the General Counsel
Healthcare and Family Services
201 S. Grand Ave. East, 3rd Floor
Springfield, IL 62763-1000

Fax: 1-217-524-2397

If you have any questions, contact the Privacy Office at the address to the left, or the phone number below. The call is free.

Toll-free telephone: 1-800-226-0768
(Health Benefits Hotline)
Toll-free for persons using a TTY: 1-877-204-1012

e-mail address:
HFS.privacy.officer@illinois.gov