



Horizon NJ Health

### REQUEST FOR TERMINATION OF CONFIDENTIAL COMMUNICATIONS

**Instructions:** To request termination of confidential communications, please complete the information below, sign in the space provided and return to: Horizon NJ Health, Attn: HIPAA Team, 1700, American Blvd., Pennington, New Jersey 08534 or via fax at 609-538-1574.

I, \_\_\_\_\_, request termination of confidential communication of my private information by Horizon NJ Health and its business associates, including termination of the password protection that had been established for this purpose. I understand this request applies only to communications from Horizon NJ Health to me. I also understand this will be in effect upon receipt and processing by Horizon NJ Health of this written request.

Print Name: \_\_\_\_\_

Signature\*: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Member's Name: \_\_\_\_\_

Member's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Subscriber Name: \_\_\_\_\_ Subscriber Identification #: \_\_\_\_\_

Alternate address to be removed: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Password to be removed: \_\_\_\_\_ (If you are unable recall the password please leave blank)..

\* Only the member or the personal representative who originally set up the confidential communications may terminate the agreement.

**Mail form to the following address or via fax at 609-538-1574:**

Horizon NJ Health  
Attn: HIPAA Team  
1700 American Blvd.  
Pennington, NJ 08534

[HNJH\\_HIPAA\\_Team@horizonblue.com](mailto:HNJH_HIPAA_Team@horizonblue.com)