REQUEST FOR
ELECTRONIC NOTICE OF PRIVACY PRACTICES

(Use When Individual Requests an Email Copy or Revokes a Request)

☐ I request to receive Cameron University Health Plan's NPP via email at the following address:

_____

(If providing an email address, I understand that information sent via email may not be secure)

OR

☐ I withdraw my request to receive the University's NPP via email.

I may request a paper copy of the NPP at any time.

_____ _____

Name Date Address

_____

Signature