

## **CATERPILLAR HEALTH PLAN REQUEST FORM**

Federal law provides you with certain rights regarding your Protected Health Information (PHI). Parents of minor children and other individuals with legal authority to make health decisions for a Health Plan participant may exercise these rights on behalf of the participant, consistent with state law. The Health Plans have created standardized forms to help you to exercise these rights.

As such, please complete the following information regarding the right you wish to exercise and the appropriate request form will be sent to your attention to facilitate your request. The below information should be completed and submitted it to:

Lisa Park  
Caterpillar Inc.  
100 NE Adams Street  
Peoria, Illinois 61629  
(309) 675-4330  
[Park\\_Lisa@cat.com](mailto:Park_Lisa@cat.com)

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Preferred Method of Delivery:**

- Mail
- Email

**Form Requested:**

- Right to Request Restrictions: Use / Disclosure
- Right to Receive Confidential Communications:
- Right to Inspect and Copy Your PHI
- Right to Amend Your PHI
- Right to Receive an Accounting of Disclosures of PHI

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Date