

**LANCASTER GENERAL HEALTH
GROUP HEALTH PLAN
Privacy Notice Election Change Form**

Request to Change How I Receive the HIPAA Privacy Notice and All Future
Communications on Group Health Plan (GHP)
Protected Health Information (PHI)

I, _____ initially agreed to receive The HIPAA
(employee name – please print)

Privacy Notice through:

Electronic access via www.LGHealthBenefits.com

Paper Copy

I have now elected to change my initial selection to:

Electronic access via www.LGHealthBenefits.com

Paper Copy

Employee Signature _____

Effective Date _____ **Employee Number** _____

Once you have made your choice on how you wish to receive the Privacy Notice and any potential changes, your response is logged for future recordkeeping purposes. Should you decide later to amend your response you will need to complete a subsequent request form indicating your change.

This form is used to help you exercise your rights under the Group Health Plan's Privacy Policy regarding amending how you receive the Privacy Policy as well as future communications/changes in GHP/PHI.

The Group Health Plans sponsored by LG Health include: LG Consumer, LG Select, LG Dental, and LG Dental Plus.

After completing this form, please submit your request to the HIPAA Privacy Official:

Lancaster General Health
Human Resources
555 North Duke Street
P.O. Box 3555
Lancaster, PA 17604-3555