

CALIFORNIA CONSUMER PRIVACY RIGHTS REQUEST FORM FOR TRICARE®

PRIVACY ACT STATEMENT

This statement serves to inform you of the purpose for collecting personal information required by Health Net Federal Services, LLC (HNFS) and how it will be used.

AUTHORITY: California Civ. Code §§1798.100-1799; 10 U.S.C. Chapter 55; 38 U.S.C. Chapter 17; and 32 CFR Part 199, and E. O. 9397 (SSN), as amended.

PURPOSE: Provides a California resident/consumer or his or her authorized representative with a means to request what personal information (PI) HNFS collects, uses and discloses about the individual, and/or request the deletion of the individual's PI. Certain exceptions apply.

ROUTINE USES: The information you provide on this form may be disclosed in order to investigate waste, fraud and abuse, security, and privacy concerns. Use and disclosure of your records outside of DoD may occur in accordance with the DoD Blanket Routine Uses published at <https://dpcl.d.defense.gov/Privacy/SORNsIndex/Blanket-Routine-Uses> and as permitted by the Privacy Act of 1974, as amended (5 U.S.C. 552a(b)). HNFS does not sell PI for money or other valuable consideration.

DISCLOSURE: This form collects personal identifiers including demographic information to verify the individual in order to fulfill the request. Disclosure is voluntary. If you choose not to provide your information on this form, no penalty will be imposed, but absence of the requested information may result in administrative delays or the inability to process an individual's request.

Please submit the completed request to:

**Health Net Federal Services, LLC
Attn: Privacy Compliance Office
10730 International Drive
Rancho Cordova CA 95670
FAX: 1-844-813-7788**

SECTION A: CALIFORNIA RESIDENT/CONSUMER INFORMATION

Last Name		First Name		Middle Initial	Date of Birth (mm/dd/yyyy)	
Current Address			City		State	ZIP
Telephone Number ()			Email (optional)			
Sponsor Social Security Number (SSN)			OR	Beneficiary DoD Benefits Number (DBN)		

SECTION B: PLEASE SELECT A REQUEST OPTION

- Accounting (report) of what personal information was collected, used or shared, and purposes for collection.
- Delete my personal information (PI).
- Provide a copy of HNFS' Privacy Policy, which describes the categories of PI that HNFS collects and purposes for collection. HNFS' Privacy Policy is also available online at <https://www.hnfs.com>.

SECTION C: HOW WOULD YOU LIKE TO RECEIVE YOUR INFORMATION/CONFIRMATION LETTER

- Use the address listed above
- Use the email listed above
- Mail to the following address: _____

SECTION D: SIGNATURE: I have read and understand the information on this request.

I declare under penalty of perjury the information on this form or attached is true and correct. Any attempt to falsely gain access to PI is subject to legal penalties.

Signature(s) of the Requestor or Personal Representative(s)*

Date (mm/dd/yyyy)

Print Name(s) Relationship to the Requestor

*If this request is signed by a personal representative on behalf of the beneficiary, check the box that describes the relationship to the beneficiary and attach documentation of the representative's authority.

- Parent of minor child Legal guardian Power of attorney Executor
- Other (please explain) _____

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- Request approved.
- No personal information pertaining to the individual was maintained within HNFS systems.
- Denied.
- We are unable to approve the request because:
 - The individual named in the request could not be verified.
 - Incomplete. Missing: _____
 - Legal documentation of authorized representative required.
 - Signature(s) required.

Initials/Date _____