

Request for Confidentiality

This form is for use by an entity requesting confidentiality for a contract, or any portion thereof, involving global risk.

Please submit this form with your contract and Request for Expedited Exemption to the DMHC via email at OPLInquiries@dmhc.ca.gov or via mail at Department of Managed Health Care, Office of Plan Licensing, 980 9th Street, 5th Floor, Sacramento, CA 95814.

Name of Entity requesting confidentiality (Entity)	<hr/> <hr/>
Entity's mailing address	<hr/> <hr/> <hr/>
Who should the DMHC contact with questions about the request for confidentiality?	Name: _____ Phone #: _____ Email: _____
Are you requesting confidentiality for the entire contract or a portion of the contract?	<input type="checkbox"/> Entire contract <input type="checkbox"/> Portion of the contract. If you are seeking confidentiality for a portion of the contract, please submit two versions of the contract—one un-redacted version and one version with the confidential information redacted.
What is the duration for which you are seeking confidential treatment? (e.g., term of the contract, some number of years from the date of the contract)	<hr/> <hr/>

Request for Confidentiality

<p>Please indicate the basis upon which confidentiality is requested.</p>	<p><input type="checkbox"/> The contract/information is proprietary or of a confidential business nature (e.g., a trade secret), the Entity has maintained the contract/information as confidential, and the release of the contract/information would damage or be prejudicial to the Entity; and/or</p> <p><input type="checkbox"/> The information is such that the private and/or public interest is served in withholding the information; and/or</p> <p><input type="checkbox"/> _____ [please attach additional pages as needed]</p>
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Date: _____

Submitted by: _____