



## 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](mailto:OPLInquiries@dmhc.ca.gov) or via mail at ATTN: Risk Regulation Exemption Request, Department of Managed Health Care, Office of Plan Licensing, 980 9th Street, 5th Floor, Sacramento, CA 95814.

Item	Information Requested
Name of Entity requesting confidentiality. (Entity)	
Entity's mailing address	
Whom 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?	Entire contract  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)	

<p>Please indicate the basis upon which confidentiality is requested.</p>	<p>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>The information is such that the private and/or public interest is served in withholding the information; and/or</p> <p>Other [Please describe]:</p> <p>[Attach additional pages as needed]</p>
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Date:

Submitted by: