

## Confidential Communications Request Form

Use this form to request we use an alternative means or an alternative location when communicating with you about your Protected Health Information (PHI). You have the right to request that we communicate with you about all or part of your PHI by alternative means or at an alternative location. We will accommodate your request if all of the following criteria are met:

1. Your request is reasonable;
2. You provide reasonable alternative means or location for communicating with you, and;
3. You provide a satisfactory explanation how any payments (if applicable) will be handled using the alternative means or alternative location that you request.

You may also use this form to terminate a previously submitted request for confidential communications.

### **Section 1**

Is this form being used to terminate a previously submitted request for Confidential Communications? If "Yes", complete Section 2, then proceed to Section 4. If "No", then complete the form entirely.

- Yes** – Enter date to terminate previous request:  
 **No**

### **Section 2:**

Please complete the following for the person for whom communication by alternative means or at an alternative location is being requested.

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

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

**Telephone Number:** \_\_\_\_\_ **E-mail address:** \_\_\_\_\_

### **Section 3**

Please complete the following about the confidential communication request:  
Please indicate the PHI that you would like to have communicated by alternative means or at an alternative location:

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I request that my PHI designated above be communicated by the alternative means or at the alternative location listed below (check only one box):

- Mailing Address: \_\_\_\_\_
- E-Mail Address: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Fax Number: \_\_\_\_\_

Please indicate how any payments (if applicable) will be handled using the alternative means or alternative location that you request.

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**Section 4**

Please sign and date this form.

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Signature

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Date