
Request for Confidential Communication

Patient Name: _____ DOB: _____

Address: _____

City-State, Zip: _____

Home Phone: _____ Work Phone: _____

I would like my health information communicated in the following manner:

Alternative address: _____

Alternative phone number: _____

Email address: _____

- For **email communication**, I understand that if information is not sent in an encrypted manner there is a risk it could be accessed inappropriately. By providing my email address I elect to receive email communication as requested.

Please specify the records included in this request:

You will receive notification regarding this access request no later than 30 days from the date received. There may be limited circumstances in which your request may be denied.

Signature of Patient or Personal Representative

Date

*Description of Personal Representative's Authority (attach necessary documentation)

NOTE: This request will remain in effect until you notify us of a change.

Forward this request to Privacy Officer or Office Manager

For office use only:

Date Received: _____ By: _____

- Request Accepted Request denied

If denied, provide reason(s):

For requests which are accepted:

- Date individual notified: _____ By: _____
- Notify any Business Associates who may need to be aware of the confidential communication request.
- Designate in the patient record the request in order for all members of the staff to be aware when communicating with the patient.

For requests which are denied:

- Date individual notified: _____ By: _____
 - The denial may be communicated verbally, but also must be communicated in writing. To protect the patient, the communication should be sent to the alternative address for this communication only.
- A copy of the Confidential Communication Form listing the reason for denial will be included in the written communication.