

Request for Confidential Communications (04/14/03)

Implemented 04/14/03

Name: _____ DOB / ID #: _____

Address: _____ Phone #: _____

Record Holder: _____ Date of Request: ____ / ____ / ____

I am asking to receive confidential communications concerning my protected health information from the City either at an alternative location or by an alternative means as follows (be specific):

I understand that the City will consider my request and try to accommodate all reasonable requests, but is not required to approve of the request. I understand that if the City accepts this request, it will not effect the location to or means by which other notices and communications, unrelated to protected health information, will be provided by the City.

Signature of the Patient or Legal Representative

Date

Approved Denied

Comments: _____

Staff Signature: _____ Date: ____ / ____ / ____