

CONFIDENTIAL COMMUNICATION REQUEST

An individual should use this form to request that we use alternative means or an alternative location when communicating about protected health information.

Individual Requesting Confidential Communication:

Name: _____

Address: _____

Telephone: _____ Social Security Number: _____

Protected Health Information subject To Request

Describe the protected health information subject to your request:

Request for Confidentiality

I request that you communicate with me about the protected health information described above by the following alternative means:

I request that you communicate with me about the protected health information described above at the following alternative location:

Payments

Explain how any applicable premium or other payments will be handled:

I attest that failure to communicate about my protected health information as requested above could endanger me.

Signature _____ Date _____

Personal Representative

If signed by a personal representative, please complete for following:

Print name: _____

State relationship to individual: _____

Describe basis for authority: (attach any appropriate documentation)

Disposition of Request

- Request Granted
The individual was notified on ___/___/___ by means and location appropriate to the confidentiality request that the request will be accommodated.

The following persons were notified to comply with the request:

- **Further Information**
The individual was notified on ___/___/___ by means and location appropriate to the confidentiality request that further information is required before we can accommodate the request.

- **Request Denied**
The individual was notified on ___/___/___ by means and location appropriate to the confidentiality request that the request is denied.

Authorized Signature: _____ Date: _____
Print Name: _____ Title: _____