

Request for Alternative Communications

Patient Name: _____

ID#: P00_____

I request that any communications regarding my protected health information be provided to me at the location and in the form indicated below:

I agree to pay any costs associated with honoring this request.

Signature _____

Date: _____

To be completed by Privacy Officer

This Request has been placed in the chart, and has been communicated to all staff responsible for use and disclosure of protected health information. The Privacy Officer will maintain a copy of this Request for at least six years.

Signature of Privacy Officer _____

Date: _____