

# Request for Confidential or Alternate Mode of Communications

## PATIENT

Name (Last, First Middle)

Date of Birth

Record Number

## REQUEST

Please use this form to request that we communicate with you by an alternate mode (e.g., written or oral, e-mail) or at an address different than your address on file with us (e.g., work, school or home).

You must put your request in writing. You are not required to tell us the reason for the request.

### Alternate Mode of Communication Requested

Written

Oral

Email

Other:

Signature of individual or representative

(if representative, relation to patient)

Date

## ADMINISTRATIVE USE ONLY

Request Accepted

Request Denied because:

Signature

Title

Date

## OFFICIAL USE ONLY

Individual Patient

Individual's Medical Record