Confidential Communication Request

499 Farmington Avenue,
Suite 220
Farmington, CT 06032

As required by the Health Insurance Portability and Accountability Act (HIPAA) as amended, you have the right to request communication concerning your personal health information be made through confidential channels. **A method of contact must be provided below. Please complete entire form specifying the confidential channels where you can be reached**.

I, ___________________________________ (print name), hereby request the use of confidential channels for information related to personal health, treatment or payment for treatment of (print patient name)_____________________________________Date of Birth_____________________

How may we contact you?

May we call you at home? ☐*Yes* ☐*No* Home #:________________________________

May we call your cell phone? ☐*Yes* ☐*No* Cell #:___________________________________

May we call you at work? ☐*Yes* ☐*No* Work #:__________________________________

At what phone numbers can we leave you a message including <u>personal medical information?</u>

*(Circle any that apply) Home Cell Work Other*______________________________

***<u>Never</u> leave personal information*__________**

Is there anyone with whom we are authorized to discuss <u>personal information</u>?

Name______________________________ **Phone #**_____________________________

Relationship______________________________

I understand that it is my responsibility to notify the office of any changes to the above listed choices.

Patient Signature: ____________________________ **Date:** _______________________

If this form was not completed by patient, please sign below and state relationship to patient:

Signature: ___________________________________ **Date:** ______________________

Relationship to patient: ☐Parent ☐Legal Guardian ☐Conservator ☐Patient's Representative

This medical practice will not ask you why you are making your request, and will make every effort to accommodate all reasonable requests. This medical practice will respond to your written request within 14 days after receiving this request. A division of Physicians for Women's Health.

Effective April 14, 2003

Updated 08/7/13

<u>File in Medical Record and HIPAA Compliant File</u>