



CONFIDENTIAL CHANNEL COMMUNICATION REQUEST

As required by the Health Information Portability and Accountability Act (HIPAA) of 1996, you have a right to request that communication concerning your personal information be made through confidential channels.

I hereby request the use of the following confidential channels for the communication of Information related to my personal health, treatment or payment for treatment. This request supersedes any prior request for confidential channel communication I may have made.

1. May we discuss your Personal Health Information with anyone else? (You must fill in name and phone # if okay)

Spouse _____

Parent _____

Child or Children _____

Other _____

2. May we leave a detailed verbal message or send written correspondence to:

Cell Phone # Home Phone # Work Phone # Fax Home Mailing Address
 Billing Mailing Address Work Mailing Address Other (Please List) _____

If No, we will leave a message with call back number only.

X _____
Patient or Responsible Persona Signature

Date _____