

**{ORGANIZATION NAME}**  
**CONFIDENTIAL COMMUNICATION REQUEST**  
**(Provider)**

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Purpose: This form is used for an individual's request that we use alternative means or an alternative location when communicating about protected health information.

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**SECTION A: Individual requesting confidential communication.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Identification Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**SECTION B: To the individual—please read the following and complete the information requested.**

You have the right to request that we communicate about all or part of your protected health information by alternative means or to an alternative location. We will accommodate your request (a) if it is reasonable, (b) you provide reasonable alternative means or location for communicating with you, and (c) a satisfactory explanation how payments will be handled under the alternative means or location you request. To exercise this right, please complete this Section B.

Please describe the protected health information you want to make subject to confidential communication:

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Please explain how any payments for treatment will be handled:

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I request that you communicate with me about my protected health information by the following alternative means. Please provide full information on the alternative means you want us to use:

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I request that you communicate with me about my protected health information at the following alternative location. Please provide full information on the alternative location:

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**INDIVIDUAL'S SIGNATURE.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If this request is by a personal representative on behalf of the individual, complete the following:

Personal Representative's Name: \_\_\_\_\_

Relationship to Individual: \_\_\_\_\_

**YOU ARE ENTITLED TO A COPY OF THIS REQUEST.**

{ORGANIZATION NAME}

**CONFIDENTIAL COMMUNICATION REQUEST PROCESSING**

**SECTION A: Confidential communication request processing—to be completed by Privacy Official.**

Date request received from individual: \_\_\_/\_\_\_/\_\_\_

Date transmitted to Privacy Official: \_\_\_/\_\_\_/\_\_\_

This request sufficiently satisfies the criteria. The individual was notified on \_\_\_/\_\_\_/\_\_\_ by means and location appropriate to the confidentiality request that the request will be accommodated.

Departments and business associates notified to use alternative means or an alternative location to communicate about protected health information with the individual.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

This request fails the criteria. 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.

**SIGNATURE.**

I attest that the above information is correct.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Title: \_\_\_\_\_

**{ORGANIZATION NAME}**

**ACCOMMODATION OF CONFIDENTIAL COMMUNICATION REQUEST**

**{DATE}**

**{INDIVIDUAL'S NAME}**

**{ALTERNATIVE LOCATION ADDRESS}**

Dear **{INDIVIDUAL}**:

This letter confirms that we will accommodate your request that we communicate about your protected health information by the alternative means or at the alternative location you requested. We will continue to use the alternative means or location you requested until further notice from you. Accordingly, please keep us informed of your need to have us communicate by the alternative means or location you requested.

If you have questions or want to discuss your request further, please contact **{CONTACT PERSON OR OFFICE}** at **{CONTACT INFORMATION}**.

Sincerely,

**{ORGANIZATION NAME}**

By: \_\_\_\_\_  
Privacy Official

{ORGANIZATION NAME}

**NOTIFICATION OF CONFIDENTIAL COMMUNICATION REQUIREMENT**

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From: {ORGANIZATION NAME}  
{PRIVACY OFFICIAL NAME AND CONTACT INFORMATION}

On \_\_\_/\_\_\_/\_\_\_, the individual below requested that we communicate about protected health information by alternative means or at an alternative location. We are required to accommodate this request. Until further notice from us, you must adhere to the following when communicating about protected health information with this individual:

Protected health information subject to the individual's confidential communication request:

\_\_\_\_\_  
\_\_\_\_\_

All communications about the above protected health information must be provided to the individual by the following means:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All communications about the above protected health information must be sent to the following location:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have questions, please contact me.

Sincerely,  
{ORGANIZATION NAME}

By: \_\_\_\_\_  
Privacy Official

Date: \_\_\_\_\_

**Individual requesting confidential communications:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Identification Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**{ORGANIZATION NAME}**  
**DENIAL OF CONFIDENTIAL COMMUNICATION REQUEST**

**{DATE}**

**{INDIVIDUAL'S NAME}**  
**{ALTERNATIVE LOCATION ADDRESS}**

Dear **{INDIVIDUAL}**:

We are not able to accommodate your \_\_\_/\_\_\_/\_\_\_ request that we communicate about your protected health information by the alternative means or at the alternative location you requested. We need the following additional information before we can accommodate your request:

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If you still want use to communicate with you about your protected health information by alternative means or location, please provide the additional information required. Until we have it, we will continue to communicate about your protected health information as follows:

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Please contact **{CONTACT PERSON OR OFFICE}** at **{CONTACT INFORMATION}** with the additional information we need or if you have questions or want to discuss further your desire that we use confidential communications with you.

Sincerely,  
**{ORGANIZATION NAME}**

By: \_\_\_\_\_  
Privacy Official