



Head and Neck Surgery Associates, PSC

REQUEST TO RECEIVE CONFIDENTIAL COMMUNICATIONS AT AN ALTERNATIVE LOCATION OR BY ALTERNATIVE MEANS

As stated in our Notice of Privacy Practices, you may request HNSA to communicate confidential, protected health information to you at an alternative location or by an alternative means. The HIPAA Privacy Rule requires us to accommodate your request(s) if reasonable. **Please indicate your request regarding the communication of protected health information to you:**

- Please do not call my home telephone number with confidential information.
- Please do not call my work telephone number with confidential information.
- Please do not leave messages on my telephone answering machine.
- If a telephone call is required, please use this number: _____
- Please do not send confidential communications to my home address.
- Please do not send confidential communications to my work address.
- Please use this address to send confidential communications: _____

- Please do not send confidential communications to my email address.
- Other (please explain): _____

If your request involves billing information, please explain: _____

Print Name

Signature

Print Name of Individual or Individual's Personal Representative (if signing for individual)

Date Request Received (to be completed by practice)

Date