

**Request for Alternative Methods of
Confidential Communications**

Washington University will accept for review written requests for alternative means or locations for you to receive confidential communications of your Protected Health Information ("PHI"), such as lab results or other related information. Washington University will accommodate reasonable requests for alternative means or locations, provided that it receives accurate information concerning how you will handle payment for patient services, how it may contact you (or your personal representative), and whether the alternative designated will be administratively difficult for Washington University to follow.

Request Date: _____

Individual Name: _____

Date of Birth: _____ SSN: _____

Individual Address: _____

Telephone Number: (H) _____ (W) _____

1. For communications of PHI, please make all contacts as follows:
(complete only the acceptable method(s) of communication)

By U.S. Mail at the following address: _____

By Telephone at: () _____

By Email at: _____

Other Alternative Means: _____

2. Payment information should be sent to: _____
(Must be completed to process request) _____

3. For other questions, you may contact me at: _____

For Health Plans Communications Only: Please provide an explanation concerning the reason for your request for alternative means or locations for confidential communications. You must provide a reason that the disclosure of all or part of your PHI could endanger you. _____

Signature of Individual or Personal Representative

Date

For Washington University Use Only:

Date of Response: _____

_____ Request Agreed Upon

_____ Request Denied

Signature of Staff Person _____ Date _____

Print Name & Title _____