

Prentke Romich

Confidential Communications Request Form

I, _____, request confidential communication of my health information when my health information is disclosed on my behalf.

Please use the following address or manner in disclosing my health information to me.

(Please be as specific as possible.)

____ My initials here affirm that failure to disclose my health information in the non-conforming manner stated above could endanger me.

Patient/Employee Signature _____

Date _____

Printed Name and date of birth _____

Effective Date _____

PRC's Response to Request

____ Agrees to entire request.

____ Denies part of requested action: _____

____ Requires more complete/specific information to assess your request.

____ PRC cannot reasonably accommodate your request.

Signed _____

Date _____