

# Confidential Channel Communication Request

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As required by the Health Information Portability and Accountability Act of 1996 (HIPAA) you have a right to request that communications concerning your personal health information be made through confidential channels. UCAR will not ask you why you are making your request, and will try to accommodate all reasonable requests.

\_\_\_\_\_ (print name) hereby requests the use of the following confidential channels for the communication of information related to my personal health, treatment or payment for treatment. This request supercedes any prior request for confidential channel communications may have made.

## Please select all that apply.

PHONE

I want you to contact me by telephone at this primary number: \_\_\_\_\_

DO  DO NOT leave messages on my answering machine.

I want you to contact me by telephone at this secondar number: \_\_\_\_\_

DO  DO NOT leave messages on my answering machine.

DO  DO NOT leave messages with any other person.

MAIL

I want you to contact me at the following address: \_\_\_\_\_

E-MAIL

I want you to contact me at this e-mail address: \_\_\_\_\_

FAX

I want you to contact me at this fax number: \_\_\_\_\_

OTHER REQUESTS FOR CONFIDENTIAL COMMUNICATIONS (SPECIFY)

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

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

### If not signed by the employee or spouse, please indicate relationship:


parent or guardian of minor child  
guardian or conservator of an incompetent individual  
beneficiary or personal representative of deceased individual  
other (specify)

Name of Employee: \_\_\_\_\_

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For office use only: Date Granted: \_\_\_\_\_ Date Terminated or Modified: \_\_\_\_\_