University of Colorado
Colorado Springs

Request for Alternate Means of Communication of Confidential Medical Information

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I, _____ (Patient Name), hereby request that confidential communications about my medical information or my medical records from _____ (Name of Practice or Physician) be communicated to me using an alternate means or be delivered to me using an alternate location. Under federal law 104-191, also known as HIPAA, I am entitled to request such an arrangement upon written request.

I request that confidential communications be:

☐ Sent to an alternate address

Alternate Address: _____

_____

_____

_____

☐ Sent via an alternate medium, such as Fax or Registered Mail:

Describe: _____

_____

_____

Policies and Limitations on Alternate Means of Communication

- Under federal law, we are required to accommodate "reasonable" requests for communicating confidential medical to you via alternate means. We may deny your request if we determine that your request is unreasonable.
- If an expense is involved in fulfilling your request, we may charge the expense back to you, plus a small service fee. If the expense involved is unreasonable or burdensome, we may deny your request on that basis alone.
- With your request, you agree that the security and confidentiality of your confidential medical information that we send to an alternate address or via an alternate means is your responsibility alone. If we act on your request and send communications as you have specifically directed us to do in writing, you agree that we cannot and shall not be

responsible for any inadvertent disclosures that may occur as a result of fulfilling your written request.

Patient Name: _____

Address: _____

_____

_____

Telephone: _____

Email: _____

_____
Signature of Patient or Personal Representative

_____
Name of Patient or Personal Representative

_____
Date

_____
Description of Personal Representative's Authority

▼▼▼ FOR OFFICE USE ONLY ▼▼▼

Received by:			
Date Received:		**Time Received:**	
Action(s) Taken:			
Record(s) Flagged for Restriction(s):			
Patient Follow-Up:			
Approved By:			