

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

REQUEST FOR CONFIDENTIAL COMMUNICATION BY ALTERNATE MEANS OR TO AN ALTERNATE LOCATION

I, \_\_\_\_\_, Date of Birth \_\_\_\_\_ request for alternate means of communication of my health information that are different from the usual method, e.g. regular mail, facsimile, address, e-mail (if encrypted/secured), etc.

I understand that request for communication by alternate means or to an alternate location is applicable only to information held by the Indian Health Service (IHS) and disclosure by alternate means may not be protected and could endanger me. I also understand that request for e-mail and or FAX communication may be intercepted by others and IHS is not responsible if such intercepts occur.

Please describe in detail your proposed alternate means or to an alternate location for receiving communications from IHS:

Alternate Mailing Address:

Alternate Phone Number:

Alternate Means of Contact (Please Specify):

This request applies to the following information:

Today's Date of Service only.

From: \_\_\_\_\_ To: \_\_\_\_\_

From: \_\_\_\_\_ Until Further Notice

Patient Signature or Personal Representative

Date

IHS USE ONLY

Request Approved  Denied

If denied, reason (check one):

Request is not reasonable to accommodate  Alternate address or contact not provided

Failure to provide information on how payment will be made (if applicable)

Other (please explain): \_\_\_\_\_