

Request for Alternative Confidential Communication

I understand that I have the right to request that CMU communicate confidential information to me by methods and at locations that will assure my privacy. I also understand that CMU will comply with my reasonable requests for such accommodation.

Client/Patient/Employee Name:	Date:
(Please Print Clearly.) Address:	Telephone:
correspondence to their campus or local addressed to their campus or local addressed to their contents by written correspondence to their confice.	mally communicates confidential information to ampus address or by telephone to their home of
communicates confidential information to clie local address or by telephone to their home or The Psychological Training & Consultation information to clients by written correspont telephone to their home or office.	age Pathology and Audiology Clinics normally ents by written correspondence to their campus of office. on Center normally communicates confidentian dence to their campus or local address or by cates confidential information to clients by written
 Describe the alternative method you w CMU. 	ess or by telephone to their home or office. yould prefer for confidential communications fron

Attachment F

2.	Identify the alternative location(s) at which you would prefer to receive confidentic communications from CMU (post office box, friend's home, etc.).					
Client	/Patient/Employee Signa	ture		·	Date	
Guard	ian Signature, if appropr	iate				
Relatio	onship to Client					
 (For a	office use only)					
Re	quest Denied	Approved as Requ	iested	Approved Pe	er Comments	
Comm	ents:					
Privacy	Officer Signature:		Re	view Date:		
PO Job	Title:					
Client l	Informed in Writing:	Yes	Contac	ct Date:		