OFFICE OF
HIPAA
COMPLIANCE
CENTRAL MICHIGAN UNIVERSITY

Request for Alternative Confidential Communication

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

Name: _____ Date: _____

Address: _____ Telephone:_____

_____

CMU normally communicates confidential information to clients via written correspondence to their home address, personal telephone number, or through the electronic medical record system used by the clinic.

1. Describe the alternative method you would prefer for confidential communications from CMU and specify what CMU clinic this request applies to.

_____

_____

_____

_____

2. Identify the alternative location(s) at which you would prefer to receive confidential communications from CMU (post office box, friend's home, etc.).

_____

_____

_____

_____

_____ _____

Client/Patient/Employee Signature Date

_____

Guardian Signature, if appropriate

_____

Relationship to Client

- -

(For office use only)

___ Request Denied ___ Approved as Requested ___ Approved Per Comments

Comments:

_____
_____
_____
_____
_____
_____
_____

HIPAA Privacy Officer Signature:_____

Review Date:_____

Client Informed: Yes ___ No ___ Contact Date: _____

Contact Method:_____