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: ____________

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
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_________________________________________________________________

University Health Services normally communicates confidential information to clients by written correspondence to their campus or local address or by telephone to their home or office. Human Resources-Benefits & Wellness normally communicates confidential information to clients by written correspondence to their campus address or by telephone to their home or office. Communication Disorders - Speech-Language Pathology and Audiology Clinics normally communicates confidential information to clients by written correspondence to their campus or local address or by telephone to their home or office. The Psychological Training & Consultation Center normally communicates confidential information to clients by written correspondence to their campus or local address or by telephone to their home or office. Physical Therapy Clinics normally communicates confidential information to clients by written correspondence to their campus or local address or by telephone to their home or office.

1. Describe the alternative method you would prefer for confidential communications from CMU.

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_________________________________________________________________

Revised as of 3-15-05
2. Identify the alternative location(s) at which you would prefer to receive confidential communications from CMU (post office box, friend’s home, etc.).

_________________________________________________________________
_________________________________________________________________
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_________________________________________________________________
_________________________________________________________________

Client/Patient/Employee Signature ___________________________ Date ____________

_______________________________
Guardian Signature, if appropriate

_______________________________
Relationship to Client

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(For office use only)

___ Request Denied  ___ Approved as Requested  ___ Approved Per Comments

Comments:

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Privacy Officer Signature: ___________________________ Review Date: ________________

PO Job Title: ___________________________

Client Informed in Writing: Yes ___ Contact Date: ________________

Revised as of 3-15-05