



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: _____

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.

Attachment F

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:

Privacy Officer Signature: _____

Review Date: _____

PO Job Title: _____

Client Informed in Writing: Yes

Contact Date: _____