

**REQUEST FOR CONFIDENTIAL COMMUNICATION BY
ALTERNATIVE MEANS OR ALTERNATE LOCATION**

I, _____, Date of Birth _____ request an alternative means of communication of my health information (e.g., regular mail, telephone, facsimile) or communication of my health information to an alternate location.

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

(Note: IHS is unable to accept e-mail addresses as an alternative means of communication at this time.)

Please describe in detail your proposed alternative means or 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

SIGNATURE OF PATIENT OR PERSONAL REPRESENTATIVE
(*If Personal Representative, state relationship to patient*)

DATE

SIGNATURE OF WITNESS (*If signature of patient is a thumbprint or mark*)

DATE

FOR 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*): _____