

PATIENT NAME
MEDICAL RECORD NUMBER

Menlo Medical Clinic
1300 Crane Street * Menlo Park * CA * 94025

HIPAA - REQUEST FOR CONFIDENTIAL COMMUNICATIONS

Arrival Label

Menlo Medical Clinic considers all your medical and billing information as confidential. You have the right to request that we communicate with you about medical and billing matters by an alternative method or at an alternative location. The Clinic's Privacy Office will review all requests and accept those that we can reasonably accommodate. We will not ask you the reason for your request, but we may ask questions regarding how payment will be handled. Your request will be in effect until you change or rescind it by submitting a new copy of this form.

I am requesting that an alternative method or location be used in communicating with me about all of my medical and billing information regarding treatment I receive from this date forward. I understand that communications regarding prior episodes of care may use addresses or phone numbers provided at that time.

New Request Change Prior Request Withdraw Prior Request

<i>Please check which information you are requesting to be changed</i>	Use This Information
<input type="checkbox"/> Mailing Address	
<input type="checkbox"/> Billing/Guarantor Address, if different	
<input type="checkbox"/> Telephone	
<input type="checkbox"/> Practitioners to be Notified	

**The Clinic does not routinely use e-mail or fax to communicate with patients.*

The Clinic will update its information systems using the information you have provided. Please note, this request will not be communicated to anyone outside the Clinic, such as your insurance company, health plan, employer, community physicians treating you or researching conducting a study in which you are participating.

Signature: _____ Date: _____
(patient/ parent/ personal representative)

If other than the patient, specify relationship: _____

If interpreted: _____		
Interpreter Signature	Print Name	Language
_____	_____	_____
Date	Time	Position/Relationship to Patient
_____	_____	_____

If you have additional questions regarding this request, please contact our Chief Privacy Officer, 1300 Crane Street, Menlo Park, CA 94025 or (650) 725-1955.

Internal Use Only	
Date Received by Privacy Office: _____	Date Reviewed: _____
Request: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date Notification Sent to Patient: _____

Original – Medical Records Copy - Patient