MRN: _____

AUSTIN CANCER CENTERS
Experienced specialists. Advanced treatments. Compassionate care.

PATIENT REQUEST FOR CONFIDENTIAL COMMUNICATIONS

Patient Name: _____ Date of Birth: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Health Plan ID Number (if applicable) _____

I understand I have the right to request that Austin Cancer Centers communicate with me in the alternative manner and/or location regarding my protected health information as defined in the Health Insurance Portability and Accountability Act of 996). I understand that Austin Cancer Centers will accommodate my request if:

1. The request is reasonable;
2. The request clearly states that a failure to honor could endanger me (the patient);
3. The request provides reasonable alternative means or location for communications; and
4. The request provides a satisfactory explanation of how any payments (if applicable) will be addressed using the alternative means or location.

This is a ☐ New Request ☐ Change to Prior Request ☐ Withdrawal of Prior Request

I request that Austin Cancer Centers accommodate the request for confidential communications for the following specific health information: _____

_____

_____

I request that Austin Cancer Centers use the following methods/means of communication and locations for contact:

Delivery Address:_____

Telephone: _____

Other: (Specify) _____

By signing this form, I am confirming that it accurately reflects my wishes.

_____ _____

Signature of Patient (or Patient Representative) Date

_____ _____

Printed Name of Patient (or Patient Representative) Authority of Representative to act for Patient

If this form is signed by a person other than the patient, supporting documentation must be submitted along with this form. Examples include Medical Power of Attorney or documentation of legal guardianship

SUBMIT FORM TO: RENEE RODRIGUEZ, RHIA - HIPAA PRIVACY OFFICER

Austin Cancer Center | Health Information Management
P.O. Box 2536 | San Antonio, TX 78299-2536| Fax: (512) 334-2702 | releaseofinfo@austincancercenters.com