

Confidential Channel Communication Request

OSMA Health

13439 Broadway Extension, Suite 110; Oklahoma City, OK 73114

PRIVACY OFFICER: (405) 290-5666

As required by the Health Information Portability and Accountability Act of 1996 (HIPAA) you have a right to request that communications concerning your personal health information be made through confidential channels. This group health plan will not ask you why you are making your request, and will try to accommodate all reasonable requests.

I, _____ (print name) hereby request the use of the following confidential channels for the communication of information related to my personal health, treatment or payment for treatment. **This request supercedes any prior request for confidential channel communications I may have made.**

Please select all that apply.

Phone

I want you to contact me by telephone at _____

Do____ Do not____ leave messages on my answering machine.
Do____ Do not____ leave messages with any other person.

Mail

I want you to contact me at the following address: _____

E-mail

I want you to contact me at the following e-mail address: _____

Fax

I want you to contact me at the following fax number: _____

Other requests for confidential communications (specify).

Check here if you agree to reimburse this office for costs associated with this request. Any costs associated with this request will be explained to you before you are billed for them.

Signed: _____ Date: _____

Printed Name: _____ Telephone: _____

If not signed by the patient, please indicate relationship:

- parent or guardian of minor patient
- guardian or conservator of an incompetent patient
- beneficiary or personal representative of deceased patient
- other (specify)

Name of Patient: _____