

Tuscola County Health Department (TCHD)
Confidential Communications Request Form

Name of Individual: _____

Social Security #: _____

Birth date: _____

Address: _____

Please describe in full any special practices or precautions we should take in communicating with you regarding your health information. Please provide any special addresses, phone numbers, etc. that we can use to contact you. We reserve the right not to honor requests that would impose a significant burden on our staff. I hereby request that the following alternative communication methods and or locations be used when communicating with me regarding my Protected Health Information:

Please list address to be used for billing purposes (if applicable): _____

I understand that the TCHD may waive the above restriction and use or disclose my Protected Health Information in any manner allowed by law, if, in your professional judgment such action is required to provide emergency treatment to me or another individual.

Signature of individual requesting restrictions:

Date

Description of authority if signed by a personal representative

Tuscola County Health Department (TCHD) Confidential Communications Request Form

For Tuscola County Health Department Use Only:

Date Received: _____

The TCHD AGREES to the aforementioned request(s) for confidential communications DOES NOT AGREE to the aforementioned request(s) for confidential communications

Reason for not agreeing: _____

Comments: _____

Identification of all parties who may need to be informed of Request in order to insure that it is carried out and appropriate flags/notices placed in record so that all who access the record will be made aware of restriction:

Parties	Date Request Forwarded

Date form filed in client's record: _____

Program who holds record: _____

Name of staff member: _____

Title: _____

Signature of staff member: _____

Date: _____